



7347 – 57<sup>TH</sup> AVE., KENOSHA, WI 53142  
PHONE: 262-942-0592

**APPLICATION FOR AFFILIATE MEMBERSHIP—1st QUARTER**

Please indicate the category of membership to which you are applying.

Enclosed is my check in the amount of \$ \_\_\_\_\_ .

- |  |   |
|--|---|
| <input type="checkbox"/> Primary Affiliate - \$ 481.00   | <input type="checkbox"/> 2ndary Affiliate-WI - \$ 175.00          |
| <input type="checkbox"/> Affiliate Associate - \$ 105.00 | <input type="checkbox"/> Service - \$ 105.00                      |
| <input type="checkbox"/> Institute Affiliate - \$ 481.00 | <input type="checkbox"/> Primary Affiliate-Local Only - \$ 175.00 |

Name: \_\_\_\_\_ Type of Business or Profession: \_\_\_\_\_

Company/Business Name: \_\_\_\_\_

Name of Primary Affiliate if applying as an Associate: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a member of any other REALTORS Association? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Association/Board. \_\_\_\_\_

Are you a member of any other Trade Association? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Association. \_\_\_\_\_

Are you a member of an Institute, Society, or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the name. \_\_\_\_\_

What professional designation, if any, do you hold? \_\_\_\_\_

**Institute Affiliate Members** are individuals who hold a professional designation by an Institute, Society, or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS® that addresses a specialty area other than residential brokerage or individuals who otherwise hold a class of membership in such Institute, Society, or Council that confers the right to hold office.

**Affiliate Members** shall be individuals who, while not engaged in the real estate profession, have interests requiring information concerning real estate and are in sympathy with the objectives of the Board.

**Affiliate Associate Members** are individuals employed for an Affiliate Member in the same branch office.

**Service Members** are providers of services i.e., glass companies, exterminators, moving and storage companies, locksmiths, attorneys, heating & air conditioning, plumbing, sewer cleaners, landscaping, surveying, siding and insulating companies, electric, cleaning and janitorial services.

**Public Service Members** are individuals interested in the real estate profession as employees of or affiliated with an educational, public utility, governmental, or other similar organizations, but are not engaged in the real estate profession on their own account or in the association with an established real estate business.

Are you willing to serve on a committee? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in speaking at a general membership meeting on a topic related to your business? Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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ARE YOU INTERESTED IN SERVING ON A COMMITTEE?  
 COMMITTEE REGISTRATION FORM  
 (PLEASE PRINT)

NAME: \_\_\_\_\_ OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_ Cell #: \_\_\_\_\_

PLEASE CHECK THE COMMITTEE(S) YOU WOULD BE INTERESTED IN SERVING ON IN THE ORDER OF YOUR INTEREST.

	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>
BUILDING/FINANCE	_____	_____	_____
BYLAWS	_____	_____	_____
NOMINATING/REALTOR® OF THE YEAR	_____	_____	_____
SOCIAL /PUBLIC RELATIONS	_____	_____	_____
MEMBERSHIP/ORIENTATION	_____	_____	_____
EDUCATION/HONOR SOCIETY	_____	_____	_____
EQUAL OPPORTUNITY/FAIR HOUSING	_____	_____	_____
GOVERNMENT AFFAIRS/ RPAC	_____	_____	_____
IT WEB	_____	_____	_____
PROFESSIONAL STANDARDS (NEEDS TRAINING)	_____	_____	_____
STRATEGIC PLANNING	_____	_____	_____
LOCKBOX	_____	_____	_____
MLS DATA	_____	_____	_____



7347 57<sup>TH</sup> Avenue Kenosha, WI 53142  
Phone (262) 942-0592 Fax (262) 942-0940

**WOULD YOU BE INTERESTED IN SPONSORING A FUNCTION OF THE SOUTHSHORE REALTOR® ASSOCIATION AND PROMOTING YOUR BUSINESS AT THE SAME TIME?**

The Southshore REALTORS® Association holds several functions during the year. As a member of the association, we would like to know if you would be interested in sponsoring any of our events. You will be given an opportunity to promote your business by giving a brief presentation and handouts of your business material at the function you support.

We would appreciate hearing from you as to what events you wish to sponsor so we can put your name on our event calendar for the year.

Please complete and submit this form to the Southshore REALTORS® Association if you are interested. Our fax # is (262) 942-0940. A committee member will be in contact with you.

I am interested in sponsoring the following:

- \_\_\_\_\_ General Membership meeting (Sponsor cost includes meeting room rental/food)
- \_\_\_\_\_ Education classes (Sponsor cost includes: room rental and coffee/food)
- \_\_\_\_\_ Honor Society ad in newspaper
- \_\_\_\_\_ Events (Golf Outing, Kingfish Game, Holiday Party..etc).
- \_\_\_\_\_ Installation of Officers & Directors (Sponsor cost includes room rental/food, held in October or November)

**Contact our office to find out about sponsor costs 262-942-0592.**

Comments: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_ DATE \_\_\_\_\_

**AFFILIATES MARKETING CONSENT FORM**

**Name:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone #:** (     ) \_\_\_\_\_

(     ) \_\_\_\_\_

**Fax #:** (     ) \_\_\_\_\_

(     ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_

I understand that by providing above my mailing address(s), email address(s), telephone number(s), and fax number(s), I consent to receive communications sent from the Southshore REALTORS® Association, Inc. via U.S. mail, email, telephone or facsimile at those number(s)/location(s).

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SRA OFFICE USE ONLY**

RECEIPT: \_\_\_\_\_ DATE: \_\_\_\_\_ CC/CHECK # \_\_\_\_\_

CONSTANT CONTACT: \_\_\_\_\_ EXCEL MEETING ATTENDANCE: \_\_\_\_\_ MLS QB: \_\_\_\_\_ SRA QB \_\_\_\_\_ IMIS \_\_\_\_\_

JENNA EMAIL \_\_\_\_\_ JAN EMAIL \_\_\_\_\_ MEMBERSHIP TYPE: \_\_\_\_\_ AFFILIATE BROCHURE/WEBSITE: \_\_\_\_\_