



Daytona Beach Area ASSOCIATION OF REALTORS®

Date: _____

Business Partner (Affiliate) Membership Application

I hereby apply for Business Partner (Affiliate) Membership in the Daytona Beach Area Association of REALTORS®.

Company Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ FAX #: _____

Company website: _____

Type of Business: _____

Representative Name: _____

Representative Title: _____

Representative Phone: _____ Representative Cell Phone: _____

Representative email: _____

An ID and Password will be emailed to you for the association's Internet Member Services (IMS). I understand that Business Partner membership in the Daytona Beach Area Association of REALTORS® does not entitle me to use the designation REALTOR® or the REALTOR® logo or provide me with access to the Multiple Listing Service.

- I agree to pay the annual Business Partner (Affiliate) Membership dues of \$232.50, plus a one time application fee of \$100.

Applicant Signature

*****Please email completed application to: membership@daytonarealtors.org**

Additional Employees who will also participate in Association Committee Meeting/Events:

Name: _____

Email: _____

Preferred Phone #: _____

Name: _____

Email: _____

Preferred Phone #: _____

2023 Pro-ration of Business Partner Dues

| | | | |
|-----------------|----------|------------------|----------|
| January | \$232.50 | July | \$116.25 |
| February | \$213.13 | August | \$96.88 |
| March | \$193.75 | September | \$77.50 |
| April | \$174.38 | October | \$58.13 |
| May | \$155.00 | November | \$38.75 |
| June | \$135.63 | December | \$19.38 |



Daytona Beach Area
ASSOCIATION OF REALTORS®

CREDIT CARD AUTHORIZATION



Please return or fax back to:
Daytona Beach Area Association of REALTORS®, Inc.
1716 Ridgewood Ave., Holly Hill, FL 32117.
Fax Number: 386-677-7429

Name: _____

Member #: _____ **(LEAVE BLANK—WE WILL ASSIGN)**

- Please charge my credit or debit card one time only.
- Please automatically charge my credit or debit card for my Annual Dues.

*****MUST SELECT ONE OF THE ABOVE**

Please Select Card Type:

- Visa MasterCard Discover American Express

Credit Card CVC Number _____ Billing Zip Code _____

Card No.: _____

Expiration Date: _____

Signature: _____

Date: _____