Business Partner (Affiliate) Membership Application

I hereby apply for Business Partner (Affiliate) Membership REALTORS®.	in the Daytona Beach Area Association of
Company Name:	
Office Address:	
City: State: _	Zip:
Office Phone: FAX #:	:
Company website:	
Type of Business:	
Representative Name:	
Representative Title:	
Representative Phone: Representative	e Cell Phone:
Representative email:	
Preferred Contact Method: □ email □ mail □ FAX	Referred by Member #:
An ID and Password will be emailed to you for the association Business Partner membership in the Daytona Beach Area A the designation REALTOR® or the REALTOR® logo or property of the I agree to pay the annual Business Partner (Affiliate) application fee of \$100.	Association of REALTORS® does not entitle me to use rovide me with access to the Multiple Listing Service.
Applicant S	Signature

Additional Individuals associated with my firm:	
Name:	
Email:	

2018 Pro-ration of Affiliate Dues

January	\$232.50	July	\$116.26	
February	\$213.12	August	\$96.89 \$77.52	
March	\$193.74	September		
April	\$174.37	October	\$58.14	
May	\$155.00	November	\$38.76	
June	\$135.63	December	\$19.38	



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 #:				
Please charge m	ny credit or debit card one t	ime only.		
Please automati	ically charge my credit or d	ebit card for my Annual	l Dues.	
Please Select Card	Type:			
☐ Visa	☐ MasterCard	Discover	☐ American Express	
Card No.:				
Expiration Date:				
Signature:				
Date:				