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Application For Affiliate Membership

MEMBERSHIP INFORMATION

I, _____, hereby apply for Affiliate Membership in the Core Association of REALTORS®, I understand the annual dues are \$200, prorated on a quarterly basis. Secondary dues \$30 annually.

All correspondence should be mailed to:

Name: _____ E-Mail Address: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone: _____ Fax: _____

PAYMENT INFORMATION

	1st Quarter Jan1-Mar31	2nd Quarter Apr1-Jun30	3rd Quarter Jul1-Sep30	4th Quarter Oct1-Dec31
Primary Dues	\$200.00	\$150.00	\$100.00	\$50.00
Secondary Dues	\$30.00	\$30.00	\$30.00	\$30.00

Membership Type: Primary _____ Secondary _____

Payment Amount: _____

Payment Method: Cash _____ Check (Check#) _____

_____ Visa _____ MasterCard _____ American Express _____ Discover _____

Name as it appears on the card: _____

Card No.: _____ **Exp. Date:** _____

Signature: _____ **Date:** _____

I understand that I am the member of the Core Association of REALTORS® as a representative of the firm I am employed with, not the firm itself. And I am able to attend general membership meetings and social functions sponsored by the Core Association of REALTORS®.

 (Signature) (Date)