

AFFILIATE MEMBERSHIP APPLICATION

405 E. Congress Parkway, Suite A,
Crystal Lake, IL 60014
815.459.0600 phone
815.459.0621 fax
info@HeartlandRO.com



NAME OF APPLICANT _____

LICENSE NUMBER _____

FIRM NAME _____

BUSINESS ADDRESS _____

HOME ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____

WEB ADDRESS _____

BUSINESS ENGAGED IN _____ POSITION WITH FIRM _____

Is Applicant (or firm) actively engaged in the real estate profession, and/or licensed as a real estate broker or salesperson In the State of Illinois?

Yes _____ No _____ (If no, please proceed to question #6.)

If you answered yes to the above, please complete the following:

1) Real Estate License Number _____

2) Real Estate License held at _____

3) Appraiser License/Certification Number _____

4) Home Inspector License Number _____

5) Mortgage Banking License Number _____

6) Are you also applying for membership in the Illinois Association of REALTORS®? Yes _____ No _____
(See fees below)

7) Have you paid the IAR portion of the dues through any other Board/Association? Yes _____ No _____
(If yes, please attach dues waiver from primary Board/Association)

PLEASE PROVIDE A COPY OF YOUR LICENSE OR CERTIFICATION WITH APPLICATION SUBMISSION

Applicant hereby agrees to abide by the By-Laws of the Heartland REALTOR® Organization and also waives all claims against the Association and the members of the Professional Standards Committee arising out of any action by the Committee or the Association.

By signing below I consent that the REALTOR® Associations (local, state and national) and their subsidiaries, if any (e.g. MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature of Applicant

Date

AFFILIATE DUES

APPLICATION FEE: \$75.00 (Non-refundable if accepted to membership)

<u>DUES PRORATED BY QUARTER</u>	<u>Local</u>	<u>State (optional)</u>
October/November/December	\$180.00**	\$43.75*
January/February/March	\$135.00	\$35.00
April/May/June	\$ 90.00	\$26.25
July/August/September	\$ 45.00	\$17.50

PLEASE NOTE: Application fee and dues must be submitted with the application; however, if applicant's firm has already paid one application fee, application fee is waived.

(*) Includes IAR 4th quarter 2018 and calendar year 2019 dues.

(**) Local portion - fiscal year October 1, 2018 - September 30, 2019.

Rev. 12/18

Referred by: _____