



East Mississippi REALTORS®, Inc.
Location: 4927 Highway 493
Meridian, MS 39305

O: 601-485-7113 F: 601-482-1493
betty@emr.realtor
www.emr.realtor

Member – National Association of REALTORS®

Betty Oltremari, Association Executive

Application for Affiliate Membership (as of 2020)

I, _____, hereby apply for

Local Affiliate Membership in the East Mississippi REALTORS®

Affiliate Membership statewide in the Mississippi REALTORS® (if your company is statewide, we encourage membership in the Mississippi REALTORS®)

I consent to and authorize the Board through its Membership Committee or otherwise, to invite and receive information and comment furnished to the Board by any Member and/or other person. I also agree that any information and/or comment furnished to the Board by any Member or other person in response to such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I hereby submit the following information for your consideration:

▪ Firm/Organization's Name: _____

▪ Office Mailing Address: _____

▪ Office Email Address: _____

▪ **I request First Membership to be vested in the following individual's name:**

▪ Person's Name: _____

○ (First) (M) (Last)

▪ E-mail Address: _____ Office Phone: _____

▪ **I request Second Membership to be vested in the following individual's name:**

▪ Person's Name: _____

○ (First) (M) (Last)

▪ E-mail Address: _____ Office Phone: _____





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▪ **I request Unlimited Company Membership to be vested in the following individual's name:**

▪ Person's Name: _____
 ○ (First) (M) (Last)
▪ E-mail Address: _____ Office Phone: _____

▪ Person's Name: _____
 ○ (First) (M) (Last)
▪ E-mail Address: _____ Office Phone: _____

▪ Person's Name: _____
 ○ (First) (M) (Last)
▪ E-mail Address: _____ Office Phone: _____

▪ Person's Name: _____
 ○ (First) (M) (Last)
▪ E-mail Address: _____ Office Phone: _____

▪ Person's Name: _____
 ○ (First) (M) (Last)
▪ E-mail Address: _____ Office Phone: _____

▪ The Board is hereby authorized to request a reference from the following Member(s) of the East Mississippi REALTORS®, who know me and/or the Designated Representative:

Name #1: _____ Name #2: _____

I agree that if accepted for membership in the Board, I shall pay the fees and dues established by the Board of Directors as long as I remain an Affiliate Member in good standing with the Board.

Date: _____ Signed: _____





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Affiliate Membership Options

NOTE: *New Affiliate members joining January 1 – June 30 will pay full Annual Dues amount. Dues for Members joining July 1 – December 31 will be prorated by month*

Circle Membership option Selected:

OPTION 1: EMR LOCAL AFFILIATE

<u>Annual Dues</u>	<u>LOCAL</u>
Primary Member	\$275
Second Member	\$150
Unlimited Company Members	\$575

OPTION 2: EMR & MAR LOCAL/STATE AFFILIATE

<u>Annual Dues</u>	<u>TOTAL</u>
Primary Member	\$436 (includes State @ \$161, which covers all Company members)
Second Member	\$586
Unlimited Company Members	\$736

Affiliate Company: _____

Option Selected: _____

Number of members in the Company joining as an Affiliate: _____

Total Amount Paid: \$ _____ Date: _____

Notes: _____

