

**HARFORD COUNTY ASSOCIATION OF REALTORS®, INC.**

2227 Old Emmorton Road, # 117, Bel Air, MD 21015  
Mailing Address: PO Box 802, Bel Air, MD 21014-0802  
Telephone: (410) 569-0750  
Fax: (410) 569-9654

**APPLICATION FOR AFFILIATE MEMBERSHIP**

I, \_\_\_\_\_, hereby apply for Affiliate Membership in the above named Association, and enclose my payment in the amount of \$ \_\_\_\_\_, which I understand will be returned to me in the event I am not accepted to membership. I consent that and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any 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:

Name \_\_\_\_\_ [ ] Ms.  
(please print) [ ] Miss  
[ ] Mrs.  
[ ] Mr.

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL: \_\_\_\_\_

Residence Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Are you actively engaged in the real estate business? [ ] Yes [ ] No

You are authorized to refer to the following member of this Association who knows me:

\_\_\_\_\_

I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as established from time to time.

Date: \_\_\_\_\_ 20\_\_\_\_\_

Signed: \_\_\_\_\_

Check # \_\_\_\_\_

VISA or MasterCard # \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Exp Date: \_\_\_\_\_