



APPLICATION FOR AFFILIATE MEMBERSHIP

Applicant's Name _____

Firm Name _____

Office Address _____

Office Phone _____ Fax _____

Website address _____

Email _____ I **do not** want my email address listed on www.cciaor.com.

Type of Business _____

Affiliate Type Primary \$ _____ (\$200 per person)*

Secondary \$ _____ (\$50 per person)*

Payment Type MC Visa Check (please check one)

Account # _____ Exp. Date _____

Signature _____

Please send application and payment to:
CC&IAOR Membership Department
22 Mid Tech Drive
West Yarmouth, MA 02673
Fax: 508-771-0067

I understand and agree to pay the established dues allocations and fees which are non-refundable. I agree that my act of paying shall evidence my initial and continuing commitment to abide by the CC&IAOR Bylaws which are from time to time amended.

I understand that I may request membership on certain committees/task forces and vote on committee matters, but shall not have the right to vote on Association matters or to hold elective office or use the term REALTOR®. Consistent with Article IV, Section 1 of the CC&IAOR Bylaws, I certify that as an applicant for Affiliate Membership, I and my firm are not engaged in the practice of brokerage of real property.

I understand that by providing my mailing address, email address, telephone and fax numbers, I consent to receive communications from CC&IAOR via US mail, email, telephone, or facsimile at the number and locations named above.

Signature _____ Date _____

*Applicant: Please note that dues payments are non-refundable once approved by the Board of Directors.