ELKHART COUNTY BOARD OF REALTORS® INC.

57225 Alpha Dr., Goshen, IN 46528
Phone (574) 875-3283 Fax (574) 875-7174
www.ecbor.com

APPLICATION FOR AFFILIATE MEMBERSHIP

1. Individual Name: _____
2. Title/Position : _____
3. Firm Name:_____Website:_____
4. Firm Address: _____
   Street City State Zip
5. Office Phone (____) _____ Cell Phone : (___)_____
6. Primary Email : _____ Accts Payable email : _____
7. Are you the: Owner _____ Employee _____ Independent Contractor _____
8. Are you required to hold a INDIANA Professional License? Yes ____ No ____ If Yes, Please attach a copy.
9. Have you ever been a member of ECBOR? Yes ___ No ____ If Yes, what years? _____
10. Are you a member of other REALTOR® Board? If yes, Name of Board(s): _____
    Reduced dues pricing may be available upon proof of membership with another board.
11. Are you a member of a NAR Institute, Society or Council? Yes ____ No ___ If yes, Name: _____
12. Reason for joining the Board: _____
13. Will you want ECBOR Key Service Access? *Yes ____ No ____ *Requires additional paperwork, fees & insurance.
    - *Are you insured? Yes____ No ___ *Must have a minimum of $1,000,000 liability showing ECBOR as certificate holder*
    - Name of Insurance company: _____

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