
AFFILIATE MEMBERSHIP DATA FORM

DATE: ___/___/___

BOARD #: 5980 -

AFFILIATE MEMBER:

Firm Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Representative: _____
(Last Name) (First Name) (I)

Type of Firm: _____ Phone #: ___/___/___

E-Mail: _____ Fax # ___/___/___

Membership Referred by: _____

Does this Firm hold a Membership in any other Local Board? _____

If Yes, please list the Name of the Primary Board through which your Firm pays State Dues:

2024 AFFILIATE DUES

January- December

Application Fee: \$50.00

Local Board: \$160.00

\$210.00

Make check payable to: **Upper Valley Board of Realtors**

Mail to: Stacy Kelley, Executive Officer
Upper Valley Board of Realtors
159 Pine Ridge Road
Loudon, NH 03307