

**Loveland-Berthoud Association of REALTORS® , Inc.**

730 N. Railroad Avenue, Loveland, CO 80537

Phone: (970) 669-1822 Fax: (970) 669-1858

**APPLICATION FOR AFFILIATE MEMBERSHIP**

*Affiliate Members are individuals who represent a firm related to the real estate profession such as title insurance companies, lending institutions, attorneys, builders, home inspectors, appraisers, and companies that provide other home services.*

**I hereby apply for Affiliate Membership in the Loveland-Berthoud Association of REALTORS® (LBAR), and I am enclosing my check in the amount of \$ \_\_\_\_\_**

This will be returned to me in the event of non-acceptance of the application by the Board of Directors.

I understand that if approved for affiliate membership, the amount enclosed will be the total amount of dues required for membership from the date of this application to the end of the current fiscal year.

(LBAR’s fiscal year runs from October 1 through September 30). I further acknowledge that this membership does not permit me to use the term “REALTOR®” and I am not entitled to vote on any REALTOR® matters.

I hereby grant LBAR my express written consent to contact me at their discretion by U.S. mail, fax, telephone, or e-mail. I understand that by providing my street address, e-mail address, telephone number(s), and fax number(s), I consent to receive communications sent from LBAR via regular U.S. mail, e-mail, telephone, or facsimile at those numbers/locations.

**AFFILIATE MEMBERSHIP POLICY REGARDING MEMBERSHIP CHANGES**

Affiliate Membership in the Loveland-Berthoud Association of REALTORS® is only accepted on an individual basis. It is the responsibility of the person on this application form to notify LBAR of any changes to your membership information *such as, name, email, office, phone, etc.* within 30 days.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Name** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Would you like to have your email address published on the LBAR website? Yes \_\_\_ No \_\_\_**

**Website Address:** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Do you hold an active Colorado Real Estate license?** \_\_\_\_\_

**ANNUAL AFFILIATE DUES - \$125.00**

*(Prorated monthly as follows, depending upon month of application)*

October	\$125.00	April	\$ 62.48
November	\$114.58	May	\$ 52.06
December	\$104.16	June	\$ 41.64
January	\$ 93.74	July	\$ 31.22
February	\$ 83.32	August	\$ 20.80
March	\$ 72.90	September	\$ 10.38

An Office Transfer fee of \$25.00 will be charged if the member transfers to another office.

**WHAT TYPE OF BUSINESS ARE YOU IN?**

Check – (maximum of 3)

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Insurance              |
| <input type="checkbox"/> Advertising         | <input type="checkbox"/> Internet Service       |
| <input type="checkbox"/> Appraisal           | <input type="checkbox"/> Insurance              |
| <input type="checkbox"/> Banking/Financial   | <input type="checkbox"/> Home Services          |
| <input type="checkbox"/> Builder             | <input type="checkbox"/> Mortgage Lender        |
| <input type="checkbox"/> Computers           | <input type="checkbox"/> Publications           |
| <input type="checkbox"/> Decorating Services | <input type="checkbox"/> Remodeling             |
| <input type="checkbox"/> Gifts               | <input type="checkbox"/> Rentals                |
| <input type="checkbox"/> Home Inspection     | <input type="checkbox"/> Telephones/cell phones |
| <input type="checkbox"/> Home Warranty       | <input type="checkbox"/> Title Company          |
|  | <input type="checkbox"/> Other _____            |

Name (please print): \_\_\_\_\_

Make checks payable to: **LBAR** Amount: \_\_\_\_\_

Check# \_\_\_\_\_  Visa  MC  DISCOVER

# \_\_\_\_\_ Exp. \_\_\_\_\_

Address where your credit card bill is mailed: (required for using credit card):

Street Zip Code V-Code (last 3 digits on back of card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax to: The Loveland-Berthoud Association of REALTORS®  
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Phone: (970) 669-1822 Fax: 669-1858