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## AFFILIATE MEMBERSHIP DATA FORM

******	*********	*******	********
DATE://_	_	BOARD #: 5980 -	
AFFILIATE MEN	MBER:		
Firm Name	e:		
Address:			
Town/City	:	State:	Zip:
Representa	ntive:		
	(Last Name)	(First Name)	(I)
Type of Fi	rm:	Phone #	:/
E-Mail:		Fax #	//
Membership Refe	rred by:		
Does this Firm ho	ld a Membership in any other	Local Board?	
If Yes, please list	the Name of the Primary Boar	rd through which your	Firm pays State Dues:
******	*********	*******	*******
******	<b>2025 AFF</b>	<b>ILIATE DUES</b>	
	January-Decembe	er	
Application Fee:	\$ 50.00		
Local Board:	\$ 160.00		
Make check payat	\$210.00 ble to: <b>Upper Valley Board o</b>	of Realtors	
Mail to:	Stacy Kelley, Executive ( Upper Valley Board of R		

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159 Pine Ridge Road Loudon, NH 03307