



Albany Board of REALTORS® Affiliate Application

Name _____

Company Name _____

Company Address _____

City/State/Zip _____

Website _____

Email _____ Company Phone _____

Cell Phone _____ Type of Business _____

What is your preferred method of communication?

Email ☐

Phone ☐

Cell

Company

I am interested in sponsoring a meal during a training session or event for the membership of the Albany Board of REALTORS® AND SOUTHWEST GEORGIA MULTIPLE LISTING SERVICE. Yes ☐ No ☐

If you would like your membership cancelled, please notify Albany Board of REALTORS® WITHIN 30 days of the new billing cycle. WE DO NOT ISSUE REFUNDS. Our affiliate billing cycle runs from March to April.

By signing below, I confirm my understanding and agreement to be billed yearly to be a member of the Albany Board of REALTORS®. Furthermore, I understand, and I agree that my membership provides two (2) free tickets for myself and a guest to attend luncheons and events presented by the ALBANY BOARD OF REALTORS® AND SOUTHWEST GEORGIA MULTIPLE LISTING SERVICE. Any guests over the allotted amount would need to be cleared and billed via the Albany Board of REALTORS® Association Executive.

Signature: _____

Name (Printed): _____

Date: _____

Albany Board of REALTORS®

P.O. Box 70012

Albany, GA 31708

229-883-6664

abor@albanyboardofrealtors.com