

Affiliate Business Partner Membership Application Package For The Arlington Board of REALTORS®

Before you begin, call ARBOR and ask to verify the dues\fees amount before you start the Application process.

You may complete this package by:

1. Entering information online and submitting online
 - a. Online Applications must pay by credit card
 - b. Fill out required fields (the shaded fields) on all forms
 - c. Create your digital signature ID
 - d. Click the “Done” button in upper right corner
2. Or- Call Andrea for an appointment to fill out paperwork in person and make payment.

Once your package is received by ARBOR online or you make application in person, we will verify your information and process your application.

1. We will email you a receipt of payment and membership information.
2. If you chose to have a Banner Ad you will receive contact regarding the graphics of your banner by ARBOR staff.

- Note: Please do not bring children or pets to ARBOR during your application process.

ARLINGTON BOARD OF REALTORS®

Application for Affiliate Business Partner Membership

I hereby make application for Affiliate Membership in the Arlington Board of REALTORS®. This membership also entitles me to membership in the Texas Association of REALTORS®. I agree to abide by the Constitution and Bylaws of the Arlington Board of REALTORS® to which this application is directed.

PLEASE PRINT CLEARLY SO THAT THE INFORMATION WILL BE CORRECT ON THE WEBSITE.

Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN# (Last 4 digits only) _____

Business Phone: _____ Business Fax: _____

Website: _____ Nature of Business: _____

If you a member of another REALTOR® Board in Texas, please list: _____

Primary Affiliate Representative Name: _____

Email: _____ Cell Phone: _____

Additional Affiliate Representatives Name(s): _____

Email: _____ Cell Phone: _____

The Arlington Board of REALTORS® will display your company, name, business phone (not cell phone), email and website information on the ARBOR website by the category you wish to be displayed in.

Category #: _____ (Choose from the Category Code List on the next page.)

As a representative of the above named firm I certify that the information I have given is correct.

Date: _____ Signature: _____

Referred by ARBOR Member: _____

Referred by Non-ARBOR Member: _____

Arlington Board of REALTORS®
3916 Interstate 20 W. Suite 160
Arlington, Texas 76017

ARBOR OFFICE STAFF USE

NRDS #: _____

ADVERTISING (11)	ASSISTED LIVING \ HEALTHCARE (12)
(Advertising, Videography, Photography, Graphics)	(Assisted Living, Senior Living, Home Healthcare)
ASSOCIATIONS \ ORGANIZATIONS (25)	BUILDERS \ CONTRACTORS \ REMODEL (13)
(Non-Profits, Clubs, Groups, Associations)	(Builders, Remodeling, Flooring, Home Fixtures)
CLOSING GIFTS \ CLIENT APPRECIATION (32)	COMMUNICATIONS \ UTILITIES (31)
(Client Closing Gifts, Appreciation Gifts)	(Communications, Cell Phones, Utility power Providers, Phone Systems)
CONSULTING \ SURVEY \ LEGAL (15)	COMPUTERS \ INTERNET \ TECHNOLOGY (14)
(Attorneys, Consultants, Land Surveyors, Gas Landmen)	(Repairs, Service, Web, Hardware)
DECORATORS \ HOME STAGERS (28)	EDUCATION \ TRAINING (16)
(Certified Home Staging)	(Schools, Trainers)
ENGINEERS (29)	FINANCIAL SERVICES (17)
(Structural Inspections \ Reports)	(Financial Advisors, Accountants, Banks, Lenders)
FOUNDATIONS \ ROOFING (18)	HOME INSPECTORS (19)
(Foundation Repairs, Roofing Repairs)	(Licensed Home Inspectors)
HOME WARRANTY COMPANIES (21)	HOME SERVICES (20)
(Residential Home Service Policies)	(HVAC, Plumbing, Painting, Maintenance, Cleaning, Locksmiths, Security Systems)
INSURANCE (22)	MOVING \ STORAGE (47)
(Health, Life, Auto, Home)	(Mobile Storage, Storage Centers, Moving-Packing)
PEST CONTROL \ TERMITE (23)	SIGNS \ BANNERS (26)
(Pest Control Services, Termite Inspections)	(Yard Signs, Banner, Graphics, All Signs)
TITLE \ ESCROW COMPANIES (24)	LANDSCAPE (30)
(Real Estate Title & Escrow Services)	(Design, Maintenance, Sprinklers)
	0)
(28)	(31)

Arlington Board of REALTORS®

New Member Fees Payment Authorization

Name (Print) _____

Real Estate License # _____

Firm Name _____

_____ Visa _____ MasterCard _____ Amex _____ Discover

Account Number: _____

Expiration Date _____ Billing Address Zip Code: _____

Name: _____

(Please print name exactly as it appears on your credit card)

Signature: _____ Date _____

ALL FEES & CHARGES ARE NON-REFUNDABLE