



LOCAL
ACCURATE
TRUSTED

Affiliate Application

Primary Affiliate Member

Secondary Affiliate Member

Applicant Name:

Nickname:

*Company Information

*Company:

Office address:

City:

State:

ZIP Code:

Phone:

Fax:

*Applicant Information

*Date of birth:

*SSN:

NRDS#:

*Current address:

*City:

*State:

*ZIP Code:

*Email Address:

Website Address:

* Phone:

Cell Phone:

Fax:

*MD License #:

*Expiration Date:

NOTE: All annual billings are delivered electronically to your primary email address.

Method of Payment – ALL DUES AND FEES ARE NON-REFUNDABLE

**Primary Affiliate \$150 Per Year
Secondary Affiliate \$75 per year**

Personal Check ~ Check Number: _____ Corporate Check ~ Check Number: _____

Credit Card - Visa Mastercard Discover

Total Amount to be charged to your credit card: \$ _____

Credit Card Number: - - - Exp: _____
Security Code: _____

Name Of Card Holder: _____

Signature of Card Holder: _____

Billing Address for Credit Card :

314 Franklin Ave. Suite 106, Berlin, Maryland 21811

www.coastalrealtors.org

410-641-4409 - Phone

410-641-2995 - Fax



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