



LOCAL
ACCURATE
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Affiliate Application

Applicant Name:			Nickname:		
*Company Information					
*Company:					
Office address:					
City:		State:		ZIP Code:	
Phone:		Fax:			
*Applicant Information					
*Date of birth:		Password:		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 \$175 Per Year (Quarterly Pro-Rated Fees)					
No Additional Fee: Members of your office can be added to your account by submitting an application					
<input type="checkbox"/> Personal Check ~ Check Number: _____ <input type="checkbox"/> Corporate Check ~ Check Number: _____					
<input type="checkbox"/> Credit Card - <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> 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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