

WICHITA AREA ASSOCIATION OF REALTORS®

170 W. Dewey Wichita, KS 67202

316-263-3167 316-263-2832 (fax)

BUSINESS PARTNER MEMBERSHIP APPLICATION

My firm applies for Business Partner Membership in the WICHITA AREA ASSOCIATION OF REALTORS®, Inc. Enclosed is my check for membership dues in the amount of:

\$300.00 (joining during Jan/Feb/March)

\$150.00 (joining during July/Aug/Sept)

\$225.00 (joining during April/May/June)

\$75.00 (joining during Oct/Nov/Dec)

Upon approval, I agree to abide by the Constitution, Bylaws and Rules and Regulations of this Association. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about my Firm from any member or other person, that my Firm has a sound credit rating and a favorable business reputation in the community, and I further agree that any information and comment furnished to the Association by any person in response to the invitation, shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

I hereby submit the following information for your consideration:

FIRM NAME: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COMPANY WEB PAGE ADDRESS: _____

CONTACT NAME: _____ **E-MAIL ADDRESS:** _____

Number of years in business: _____ **Principal Owner:** _____

Type of business your firm is engaged in:

- Mortgage/Banking Appraisal Abstract or Title Insurance Pest Control Utilities
 Communications Inspection Other (please specify) _____

I agree that, if accepted for membership in the Association, I shall pay the annual fees as established by the Board of Directors:

Dated: _____

Name: (please print) _____

Signed: _____

Title: _____