

**TERRE HAUTE AREA ASSOCIATION OF REALTORS<sup>®</sup>, INC.**  
**Application for Affiliate Membership**

**Section I:**

**TO:** Terre Haute Area Association of REALTORS<sup>®</sup>, INC. (THAAR)

I \_\_\_\_\_ (please print) hereby apply for affiliate membership in the above named Board and enclose my check in the amount of **\$167.00** which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership to familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS<sup>®</sup> (NAR) and the constitutions, bylaws, and policies and procedures of the above named Board, the State Association and the National Association. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, constitutions, bylaws, policies and procedures. I consent and authorize the Board, through its membership committee or otherwise, to invite and receive information and comments concerning me from any member or other person, and I agree that information and comments furnished to the Board by any member or other person in response to any such 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.

**Section II: PERSONAL DATA**

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_ Business Fax (    ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Real Estate License Number \_\_\_\_\_ (Please enter if applicable)

Type of Business \_\_\_\_\_ Number of Years \_\_\_\_\_

By signing below I consent that the REALTOR Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, e-mail address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communication s that I am waiving to receive all communications as part of my membership.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**NOTE:** Dues payment to THAAR is not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. An application for Affiliate membership must be accompanied with a **check** in the amount of **\$167.00** payable to THAAR.

**Return to:**

**THAAR, 1616 South 13<sup>th</sup> Street, Terre Haute, IN 47802**

**Phone: 812-234-8732**

**Fax: 812-238-2213**

**or E-mail to: mary@thaar.com**