

Akron Area Board of REALTORS®  
565 Wolf Ledges Parkway  
P.O. Box 1663  
Akron, Ohio 44309-1663  
TEL: (330) 434-6677  
FAX: (330) 434-4641  
Board E-Mail: info@AABOR.com



For Office Use Only
Date: _____
Received By: _____

**AFFILIATE APPLICATION FOR MEMBERSHIP**  
**AKRON AREA BOARD OF REALTORS®**

**Please be sure to fill out the application completely. Incomplete information will result in delayed processing.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First, Middle Initial, Last)

Do you prefer to go by another name or nickname? If so, please list it here \_\_\_\_\_

Residence Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

I give you permission to contact me at the following numbers provided below:

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Voice Mail # \_\_\_\_\_

Home Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Yes  No Are you now or have you ever been a member of a REALTOR® Board? If yes, what Board and when were you a dues paying member? \_\_\_\_\_

Yes  No Do you have any disabilities which require special accommodation, including the provision of auxiliary aids and services? If so, please identify: \_\_\_\_\_

Yes  No I hereby make application for Affiliate membership in the Akron Area Board of REALTORS®.

Yes  No As a member of the Akron Area Board of REALTORS®, I would be willing to serve on a committee.

Yes  No Has a complaint ever been filed against you with your licensing agency? If yes, state nature, date and name of person(s), who filed it (them) if known: \_\_\_\_\_

Yes  No Have you ever been denied membership in any trade or service organization to which you may have applied or been proposed for membership? If yes, please explain: \_\_\_\_\_

Yes  No Has any other complaint ever been filed against you with the Better Business Bureau and/or other comparable organization in your area? If answer is yes, state nature, date and name person(s) who filed it (them) if known: \_\_\_\_\_

Yes  No Have you ever been a plaintiff/defendant in a Court proceeding, civil or criminal, other than non-felonious traffic offenses? If answer is yes, state approximate date, nature of action, name and location of Court having jurisdiction of case and disposition thereof as to each proceeding: \_\_\_\_\_

Please circle the heading that best describes your business: Other \_\_\_\_\_

- |             |           |          |                 |                           |                     |
|-------------|-----------|----------|-----------------|---------------------------|---------------------|
| Advertising | Appraiser | Attorney | Education       | Environmental/Inspections | Government Agency   |
| Insurance   | Newspaper | Surveyor | Title Companies | Mortgage/Lending          | Property Management |

Five employees in your office may join for \$25 each, per year. If you wish to add anyone, please list them here:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please read the following information and sign below:

1. I further consent that and authorize the Board, through its Membership Committee or otherwise, to invite and receive information and comment about me from any member or other person: I agree that any information and comment 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.

**I hereby certify that the information furnished herein is true and correct to the best of my knowledge, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I also certify that I have read the above information and understand that by signing this I am agreeing to adhere to it.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Payment Type For AABOR:     Cash     Check     Visa/MasterCard

Visa/MasterCard # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's name as it appears on the card: \_\_\_\_\_

Application fee = \$125    Dues = Based on month joined    Additional Employees = \$25 each    \_\_\_\_\_ Total Due

Signature of Cardholder: \_\_\_\_\_

**TO BE COMPLETED BY THE AABOR MEMBERSHIP COMMITTEE**

Upon proper investigation I certify that the Membership Committee finds the applicant is entitled to Membership in this organization.

Date Approved \_\_\_\_\_ Chairman, Membership Committee \_\_\_\_\_

Revised 1/07