



NORTHSHORE AREA BOARD OF REALTORS

5001 Hwy 190 E. Service Rd., Unit A-4 Covington, LA 70433

Page 1 of 2

Phone (985) 674-4233 • www.nabors.org • office@nabors.org

AFFILIATE MEMBERSHIP APPLICATION

PLEASE COMPLETE AND RETURN BOTH PAGES OF THIS FORM. PLEASE PRINT CLEARLY.

DATE: ____/____/____

COMPANY: _____

LOCAL ADDRESS: _____
Number & Street *City, State, Zip*

MAIN COMPANY CONTACT: _____

TITLE: _____ *See 2nd page to submit additional reps*

PHONE: _____ FAX: _____

EMAIL: _____ COMPANY WEB: _____

ANNUAL AFFILIATE MEMBERSHIP IS ONLY \$350, PRO-RATED MONTHLY BELOW.

CHECK ✓ THE MONTH YOU ARE JOINING OR RENEWING MEMBERSHIP.

ANNUAL PRO-RATED PAYMENT WILL BRING YOU CURRENT UNTIL THE END OF YEAR.

___ JAN \$350
___ FEB \$320
___ MARCH \$290
___ APRIL \$260

___ MAY \$230
___ JUNE \$200
___ JULY \$170
___ AUGUST \$140

___ SEPTEMBER \$110
___ OCTOBER \$90
___ NOVEMBER \$60
___ DECEMBER \$30

TOTAL AMOUNT SUBMITTED NOW \$ _____

___ Check, payable to NORTHSHORE AREA BOARD OF REALTORS ___ VISA ___ MASTER CARD

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: _____ Security # _____

Credit Card Billing Address: _____
Number & Street *City, State, Zip*

Authorization Signature: _____

Thank you for your generous support of the Northshore Area Board of Realtors!





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Page 2 of 2

AFFILIATE CONTACT INFORMATION

Please give contact information on two (2) COMPANY CONTACTS in your office that you would like NABOR to have on record.

COMPANY NAME: _____

COMPANY REP #1: _____

E-mail: _____

CELL PHONE: _____ **FAX #** _____

COMPANY REP #2: _____

E-mail: _____

CELL PHONE: _____ **FAX #** _____

Each Affiliate Membership allows for two representatives from the company to become members. If you have additional representatives that would like to join NABOR, this will require additional company memberships.

PLEASE RETURN BOTH THESE FORMS WITH SEVERAL OF YOUR BUSINESS CARDS FOR DISPLAY IN THE NABOR OFFICE.