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AFFILIATE MEMBERSHIP APPLICATION

I hereby apply for Affiliate membership with the Northwest Minnesota Association of REALTORS®. I understand annual dues are \$95, payable by November 15th each year.

Applicant's Name: _____ Date of Birth: _____

Business Name: _____ Office Phone: _____

Type of Business: _____ Email Address: _____

Office Address: _____

Website: _____ Office Fax: _____

Cell Phone (optional): _____

Are you a member of any other Association of REALTORS®? No ___ Yes ___ If yes, please list: _____

Are you interested in serving on a committee? No ___ Yes ___

What services would you be interested in receiving from the Association? _____

Signature: _____ Date: _____

Submit Form By Email