

Become a Topsail Island Association of REALTORS® Affiliate Member!



Benefits of Affiliate Membership

- ◇ Ability to place your business cards in our building.
- ◇ Networking opportunities—building relationships is one of the most successful ways to grow your business and increase your sales.
- ◇ Opportunity to educate our REALTOR® members on your area of expertise.
- ◇ Opportunity to join one or more of our committees.
- ◇ Opportunities to sponsor our meetings, classes and special events.
- ◇ Subscription to our quarterly e-newsletters.
- ◇ Use of our meeting room at a discounted rate.
- ◇ Your profile and website link on the affiliate section on our website.

AFFILIATE MEMBER DUES
\$200 (Prorated Quarterly)
(Includes up to 6 additional members)

Affiliate Members are professionals such as bankers, mortgage brokers, attorneys, building contractors, home inspectors, appraisers, and financial advisors, etc.

While not engaged in real estate brokerage, Affiliate Members have an interest in information regarding the real estate industry and the goals of

The Topsail Island Association of REALTORS®

The Topsail Island Association of REALTORS® Inc. (TIAR) is a realty trade association of REALTORS® and other professionals in related industries.

TIAR members are united in purpose and dedication to providing knowledgeable and ethical real estate services to consumers and fellow members.



**Topsail Island
Association of REALTORS®**
13775 NC Hwy 50
Suite 402
Surf City, NC 28445
(910) 329-1406

TOPSAIL ISLAND
ASSOCIATION OF REALTORS®

AFFILIATE MEMBERSHIP APPLICATION

PHONE: (910)329-1406

FAX: (910) 329-1724

EMAIL: info@topsailrealtors.com

Membership Fee

1st Quarter \$200

2nd Quarter \$150

3rd Quarter \$100

4th Quarter \$50

Please attach your business card here

I hereby submit the following information for your consideration:

Name: _____
(Please Print)

Company Name: _____

Company Address: _____
(Street) (Suite or Other)

(City) (State) (Zip Code)

Company Phone: _____ Fax: _____

Email: _____ Website: _____

Additional members (6):

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

NAME _____ E-MAIL _____

Dated: _____

Signature: _____

Master Card/Visa accepted or Make Checks Payable to TIAR.

Name as it appears on Card

Credit Card Number

Expiration Date

Billing Address

Signature above constitutes as Authorized Signature if credit card is used.