

**CORTLAND COUNTY BOARD OF REALTORS®**  
**APPLICATION FOR AFFILIATE MEMBERSHIP**

All fields are required.

Applicant's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Web Address, if available: \_\_\_\_\_

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Please describe your purpose of applying for membership in the Cortland County Board of REALTORS.

Please check which services your company offers. Check up to three boxes if applicable.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abstract Company | <input type="checkbox"/> Lead Inspectors    | <input type="checkbox"/> Accounting, Tax, & Payroll Services                             |
| <input type="checkbox"/> Appraisers       | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> NYS Licensed Home Inspector                                     |
| <input type="checkbox"/> Advertising      | <input type="checkbox"/> Member Services    | <input type="checkbox"/> Lead Inspectors/Assessors                                       |
| <input type="checkbox"/> Attorneys        | <input type="checkbox"/> Pest Inspections   | <input type="checkbox"/> Mortgage Companies/ Banks                                       |
| <input type="checkbox"/> Engineering      | <input type="checkbox"/> Mold               | <input type="checkbox"/> Property Management   |
| <input type="checkbox"/> Insurance        | <input type="checkbox"/> Radon Testing      | <input type="checkbox"/> Printing Companies  |
| <input type="checkbox"/> Member Services  | <input type="checkbox"/> Title Services     | <input type="checkbox"/> Website and Graphic Design <input type="checkbox"/> Other _____ |

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*I hereby submit my application for Affiliate Membership for Cortland County Board of REALTORS®.*

*Enclosed with this application is my application fee for the Affiliate Package Tier I have chosen. I am aware that the dues for Affiliate membership are per year. I understand, there will be no rebate of dues if I discontinue my membership in CCBR..*

\_\_\_\_\_  
Date

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

Return this completed application with your application fee enclosed to:

Cortland County Board of REALTORS  
64 Main Street, Suite 205  
Cortland, NY 13045