

Northeast Iowa Regional Board of REALTORS®
Application for Affiliate Membership

Company Name: _____
Phone: _____ FAX: _____
Email: _____ Address: _____
City: _____ State: _____ Zip: _____

Affiliate Member Name: _____ Title: _____
Phone: _____ Email: _____

Type of Business and Relationship to Real Estate:

Choose One:
Basic Member Affiliate Membership _____
Basic Plus Affiliate Membership _____
Premium Partner Affiliate Membership _____

Signature _____ Title _____
Date _____

NEIRBR Office: Date Received: _____ Reviewed by: _____

Date Accepted: _____ Comments: _____