

St. Clair Association of REALTORS®, Inc.

P. O. Box 902– Pell City, AL 35125

Phone: (205) 338-7729

PARTNER BUSINESS MEMBER APPLICATION

2024

Dues		SAR Yearly Dues
TOTAL		TOTAL

Print Name: _____ **Title:** _____

Firm's Name: _____

Street Address: _____ **City/State** _____ **Zip** _____

Mailing Address: _____ **City/State** _____ **Zip** _____

Phone: _____ **Ext:** _____ **Toll No.:** _____

Cell: _____ **Fax:** _____

E-Mail: _____ **Web Site:** _____

Type of Business: _____

Additional office members who would like to receive newsletters, updates or attend luncheons.

Name	E-mail Address	Name	E-mail Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is understood that dues are payable annually in advance when billed. I also agree to pay the Association's attorney fees, court costs and other legal expenses in the event the Association employs an attorney or initiates legal proceedings to collect any amounts past due and owing by me to the Association or to enforce my compliance with the said Constitution, Bylaws or the governing rules and regulations.

I understand that by providing my mailing address, email address, telephone number(s), I consent to receive communications sent from the St. Clair Association of REALTORS®, the Alabama Association of REALTORS® via U.S. mail, email, telephone, text, or facsimile at those number(s) or location(s).

I certify that the information furnished by me in this application is true and correct, and that myself and my firm practices fair and legal business practices plus practice non-discriminative and diverse customer service to all protected classes.

Partner Signature: _____ **Date:** _____