



HOWARD COUNTY ASSOCIATION OF REALTORS®
Affiliate Application

Mr.
Ms.
Mrs.

First Name	MI	Last Name	Nickname
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Office Information:

Company Name	Office Phone Number	Office Fax Number
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Office Street Address	Suite #	City	State	Zip Code
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Type of Business: _____

Home Information:

Street Address	Apt#	City	State	Zip Code
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Home Phone Number	Home Fax Number	Cell Phone Number
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E-Mail Address	MHIC#, NMLS# or other trade license number(s)
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Preferred Mailing Address Office Home **Preferred Fax Machine** Office Home

Preferred Telephone Number Office Home

YES NO I give permission for HCAR to send text messages to my above listed cell phone number (estimated maximum use will be 12 per year).

I agree to abide and be bound by the Bylaws, Policies, and Procedures of the Association, Constitution and Bylaws of the Howard County Association of REALTORS®. I agree to pay the established fees and dues in effect as long as I am a member of this Association. In the event that I wish to terminate my membership, I will notify HCAR in writing. I further understand that dues and fees are not refundable. (Membership in HCAR is held by individuals, not companies.)

Signature _____ Date _____





8600 Snowden River Parkway, #104
Columbia, MD 21045
p. 410.715.1437
f. 410.715.1489
staff@hcar.org

2019 HCAR Affiliate Dues Payment Form

2019 Dues: \$266

PLEASE PRINT CLEARLY

Credit Card # (Master Card/Visa/AmEx)

_____ / _____

Expiration Date

Security Code

Print Name of Credit Card Holder

Print Billing Address of Credit Card (street, city, & zipcode)

Application and payment form may be sent by email, fax, or mail to the information above.

www.hcar.org