

LEBANON COUNTY ASSOCIATION OF REALTORS®
SECONDARY AFFILIATE MEMBERSHIP APPLICATION

Name: _____
Position/Title: _____
Agency/Firm: _____
Address: _____
Office Phone: _____
Office Fax: _____
E-mail Address: _____
Internet Web Site: _____

Type of Business: _____
Are you a member of another Association of REALTORS® in PA? _____
Where: _____
Since: _____
Do you hold an ACTIVE Real Estate License? _____

Home Address: _____
Home Phone: _____
Birth date: _____
SEND MAIL TO _____ Home _____ Office

I hereby apply for Secondary Affiliate Membership in the Lebanon County Association of REALTORS®. I have enclosed a remittance for payment of annual dues, which are \$ 50.00 per year for each Secondary Affiliate Member (Annual dues invoices are mailed each November, and payable before January 1st).

I certify that the information contained on this application is accurate.

Signature _____ Date _____

Return application with payment to:

Lebanon County Association of REALTORS®
989 Quentin Road, Lebanon, Pennsylvania 17042
Phone: (717) 272-6126 v Fax: (717) 270-5668