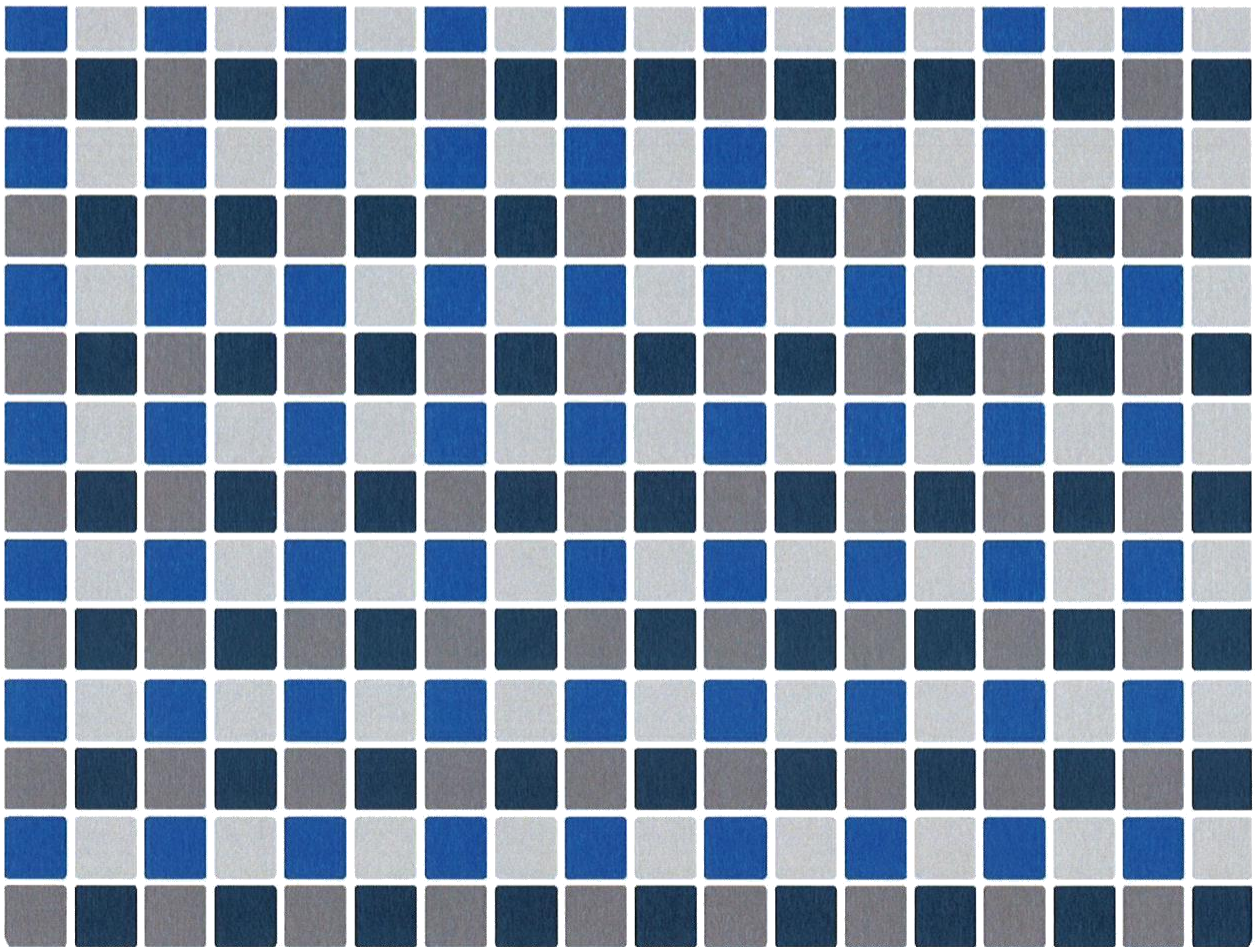




Member
Benefits
Partner

Member Benefits Partner

Contract and Application Packet





HUNTSVILLE AREA ASSOCIATION of REALTORS®

APPLICATION FOR MEMBER BENEFITS PARTNERSHIP

1. Firm Name:

2. Firm address:

(street)

(city)

(state)

(zip code)

3. Firm Telephone Number: ____ - ____ - ____ Firm Fax Number: ____ - ____ - ____

4. Name of contact person: _____

5. E-mail Address: _____

6. Nature of business: _____

CERTIFICATION:

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my partnership.

Signed: _____ Dated: _____

HAAR Member Benefits Partner

\$ 275.00 January – March

\$137.50 July – September

\$206.25 April – June

\$ 68.75 October – December

Payment Options

_____ Check

_____ (Credit Card) (we will contact you for your credit card information)

For HAAR Office Use only:

Was trade done for this partnership? __Y__N

Nature of service traded: _____ Date of service traded: _____

Rap: _____ HAAR _____