

**FOR NABOR USE ONLY:**

Member #: \_\_\_\_\_ Received Date: \_\_\_\_\_ Check #: \_\_\_\_\_  
Check Amt: \$ \_\_\_\_\_ Application Fee: \$ \_\_\_\_\_ NABOR Dues: \$ \_\_\_\_\_ RPAC Cont.: \$ \_\_\_\_\_

## APPLICATION FOR ALLIED MEMBERSHIP 2024

Allied Members shall be actively involved in the real estate transaction as primary service providers to a property transaction and shall be from Allied industries and professions. These Allied industries and professions are limited to: Attorneys, Bankers, Builder/Developers, Mortgage Brokers, and Title Companies. Membership is available only to individuals and is open only to individuals who are a sole proprietor, partner, or corporate officer of a company in the industry and/or profession specified or are licensed by the appropriate agency of the state of Florida for the industry and/or profession specified. Individuals from these industries and professions meeting the above criteria shall qualify for Allied Membership and shall not qualify for Affiliate Membership. Allied Members shall have the right to vote and to hold office as prescribed in NABOR's bylaws but may not use the term REALTOR®. Allied Members are not members of the Florida Association of REALTORS® or of the National Association of REALTORS®.

**NOTE: MEMBERSHIP IS BY INDIVIDUAL (NOT BY FIRM)**

### Section I - Personal Identification:

1. Name: \_\_\_\_\_
2. Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Preferred Phone:  Firm  Cell
7. Have you ever been a member of Naples Area Board of REALTORS?  YES  NO
8. If YES, what firm were you previously affiliated with? \_\_\_\_\_

### Section II - Firm Information:

1. Firm Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Preferred Mailing Address:  Firm  Home
5. Firm Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Firm Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_
6. Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Title/Position: \_\_\_\_\_
7. E-Mail Address: \_\_\_\_\_

### Section III - Type of Business

If you are a sole proprietor, a partner, corporate officer or licensed in one of the industries below you must apply for Allied Membership. Please check one:

- Banker     
  Builder/Developer     
  Mortgage Broker     
  Real Estate Attorney     
  Title Company  
 Other please describe: \_\_\_\_\_  
 Other Languages: \_\_\_\_\_

### Special Skills/Interests/Hobbies

Please list areas in which you are interested and have the skills and experience to make a difference. Also, please include any relevant hobbies. Use functional areas, talents, and skills (e.g. artist, foreign language not noted above, singer, catering, community service, etc.) Areas of Interest:

\_\_\_\_\_

### Section IV – Firm Services/Specialties: (This information is used for the Internet Roster on www.naplesarea.com.)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Mortgage Services    | <input type="checkbox"/> Home Inspections | <input type="checkbox"/> Pest Control    | <input type="checkbox"/> Photography       |
| <input type="checkbox"/> Banking Services     | <input type="checkbox"/> Interior Design  | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Investments       |
| <input type="checkbox"/> Title Services       | <input type="checkbox"/> Furniture        | <input type="checkbox"/> Architecture    | <input type="checkbox"/> Hotel/Hospitality |
| <input type="checkbox"/> Real Estate Law      | <input type="checkbox"/> Landscaping      | <input type="checkbox"/> Engineering     | <input type="checkbox"/> Printing          |
| <input type="checkbox"/> Building/Development | <input type="checkbox"/> Home Warranty    | <input type="checkbox"/> Surveying       | <input type="checkbox"/> Community/Assoc.  |
| <input type="checkbox"/> Land Use Planning    | <input type="checkbox"/> Security Systems | <input type="checkbox"/> Moving Services | <input type="checkbox"/> Other             |

### Section V - Allied Fees/Dues: (Pro-rated monthly)

I submit with this application the full application fee and the pro-rated annual dues for the current fiscal year. Applicant understands and agrees that upon completion of the membership process the application fee and dues becomes the property of NABOR.

	January	February	March	April	May	June
Application Fee- <b>Waived</b>	210.00	210.00	210.00	210.00	210.00	210.00
NABOR Dues	157.00	143.92	130.83	117.75	104.67	91.58
RPAC Voluntary Contribution*	30.00	30.00	30.00	30.00	30.00	30.00
<b>Total Due:</b>	<b>\$187.00</b>	<b>\$173.92</b>	<b>\$160.83</b>	<b>\$147.75</b>	<b>\$134.67</b>	<b>\$121.58</b>

	July	August	September	October	November	December
Application Fee- <b>Waived</b>	210.00	210.00	210.00	210.00	210.00	210.00
NABOR Dues	78.50	65.42	52.33	39.25	26.17	13.08
RPAC Voluntary Contribution*	30.00	30.00	30.00	30.00	30.00	30.00
<b>Total Due:</b>	<b>\$108.50</b>	<b>\$95.42</b>	<b>\$82.33</b>	<b>\$69.25</b>	<b>\$56.17</b>	<b>\$43.08</b>

Please make checks payable to NABOR (✓ one):  Firm Check OR  Personal Check

OR

Credit Card (✓ one):  Visa  MasterCard  Discover  American Express

Credit Card Number: \_\_\_\_\_ XD: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

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\* Contributions to RPAC are voluntary and will be used for political purposes and support of state, local, and federal candidates and political parties and in issue initiatives. Making a contribution is not a condition of membership in the Association and a member may refuse to contribute without suffering any reprisal. Seventy percent of each contribution is used by RPAC-Florida and RPIC Florida to support state and local candidates and state and local issues. Consult your local Association /Board for the exact percentage going toward each. The balance is sent too National RPAC and is charged against your contribution limits prescribed by 2 U.S.C. 441a. Contributions are not deductible for federal income tax purposes.

NOTE: Where a firm, partnership, or corporation initially pays the application fee and dues, the Membership(s) belongs to the entity, not to the individual(s), and the entity shall designate to NABOR the individual or individuals (if the entity pays for more than one individual) who will be the entity's Affiliate member(s).

I agree that, if accepted for Membership in NABOR, I shall pay the fees and dues from time to time established. 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 if this application contains any misstatement of fact, upon submission of this application my membership will automatically terminate.

**Refund of application fees and/or Dues:**

I am submitting with this application the full application fee and the prorated annual dues for the current fiscal year. The application fee will not be refunded unless so ordered by the Board of Directors of NABOR. Regardless of how membership is terminated, NABOR will retain processing fee in the event the full application fee is not retained. AGREED AND ACCEPTED:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Applicant's usual form of signature)