



40 Summer St. Fitchburg, MA 01420  
 Ph. 978-345-2531 Fx. 978-696-5477  
 www.ncmar.com

## 2018 Business Partner Membership Application

Business Partner membership in the North Central Massachusetts Association of REALTORS is for attorneys, lenders, appraisal companies, accounting firms, printers, newspapers, equipment suppliers, landscapers, moving companies, and any other businesses that would benefit from association membership.

North Central Massachusetts Association of REALTORS® Business Partner Annual Dues are \$300 per year (pro-rated monthly) with no application fee. Additional associates from the same company may join at \$150 per person per year (pro-rated monthly).

I hereby apply for individual Business Partner Membership in the North Central Massachusetts Association of REALTORS.

Individuals name: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Web address: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Type of business for listing in the NCMAR Membership Directory and web site:

<input type="checkbox"/> appraisal	<input type="checkbox"/> home inspection	<input type="checkbox"/> tax services/accounting
<input type="checkbox"/> lender	<input type="checkbox"/> new home construction	<input type="checkbox"/> home improvement
<input type="checkbox"/> lodging	<input type="checkbox"/> plumbing/heating/ac	<input type="checkbox"/> legal services/attorney
<input type="checkbox"/> newspaper	<input type="checkbox"/> other – please specify: _____	

The following members of NCMAR can recommend you for membership: \_\_\_\_\_ Phone number \_\_\_\_\_

Business Reference \_\_\_\_\_

NCMAR Member Reference \_\_\_\_\_

*I hereby certify that the information furnished on this application 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 membership if granted. Further, I agree, that if accepted for NCMAR membership, I shall pay yearly dues to renew membership.*

*I hereby submit the above information for your consideration, and am  including my check or  charge my MasterCard/VISA in the amount of \$\_\_\_\_\_ for 2018 NCMAR Business Partner membership.*

MC/VISA Account # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec Code \_\_\_\_\_

**X Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete and return to NCMAR, 40 Summer St., Fitchburg, MA 01420 or fax to 978-696-5477  
 Questions? Please call us at 978-345-2531. Thank You!