



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

2019 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!