



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

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

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

Individual's name: _____

Business name: _____

Business address: _____

City, State, Zip: _____

Business telephone: _____ Cell number: _____

Web address: _____ Email: _____

Home address: _____

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

appraisal home inspection tax services/accounting
 lender new home construction home improvement
 lodging plumbing/heating/ac legal services/attorney
 newspaper 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 NCMAR Business Partner membership.

January - \$300 February - \$275 March - \$250 April - \$225 May - \$200 June - \$175
July - \$150 August - \$125 September - \$100 October - \$75 November - \$50 December - \$25

MC/VISA Account # _____ Exp. _____ Sec Code _____

X Signature: _____ Date _____ / _____ / _____

Please complete and return to NCMAR, 40 Summer St., Fitchburg, MA 01420

or email to kathyloremar@ncmar.com

Questions? Please call us at 978-345-2531. Thank You!