



APPLICATION FOR APPRAISER AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the Cape May County Association of REALTORS®, Inc. Enclosed is my payment for \$250 per year (\$187.50 $\frac{3}{4}$ year, \$125 $\frac{1}{2}$ year, \$62.50 $\frac{1}{4}$ year) which will be returned to me in the event of my non-acceptance. I acknowledge that once accepted to membership. Dues are non-refundable.

Name of Company: _____

Contact Name: _____

Email Address: _____ Cell Phone: _____

Website Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Appraiser License Number: _____

****COPY OF APPRAISER'S LICENSE REQUIRED****

****COPY OF PHOTO ID REQUIRED****

I certify that neither my firm nor I are engaged in the Real Estate Brokerage Business in New Jersey. I agree to abide by the Bylaws of the Cape May County Association of REALTORS®. I consent that the Association may invite and receive information and comments about my company and me. Any information received is deemed confidential. I agree to hold the Association, its Officers, Directors, Members, and staff harmless from any action by me for slander, libel, defamation of character in the event of my non-acceptance into membership. I understand that I have the right to appeal any decision of non-acceptance before the Board of Directors of the Association.

Applicants Signature	Date	Applicants Printed Name
----------------------	------	-------------------------

Check Payable to CMCAR® or Credit Card (Visa, MC, AMX & Discover)

Card# _____ Expiration Date _____

Signature: _____

Primary MLS Access for Appraiser Affiliate

Please give the following person/office limited access to the Cape May County MLS.
I understand I will pay \$60 initially. Thereafter, CMCMLS will invoice my company \$60 monthly.
I acknowledge that MLS dues are non-refundable.

Name of Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ Last Name: _____

Email Address: _____ Cell Phone: _____

Requested Login ID: _____ Preferred Password: _____

*Please note: NO special characters (#, @, *) are permitted in login OR password*

Date Signature

Check payable to CMCMLS® or Credit Card (Visa, MC, AMX, and Discover)

Card# _____ Expiration Date _____

Signature: _____

Questions? Call (609) 624-3500 or e-mail dmoore@cmcar.org

You can e-mail this form to dmoore@cmcar.org or fax this form 609-624-9400