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AFFILIATE MEMBERSHIP RENEWAL APPLICATION

The undersigned applies for **AFFILIATE MEMBERSHIP RENEWAL** in the **UNITED ASSOCIATION OF REALTORS®**.

SIGNATURE _____ DATE _____

PRINT NAME _____

FIRM NAME _____

OCCUPATION _____

BUSINESS ADDRESS _____ FAX _____

BUSINESS PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

WEB SITE _____

This application must be accompanied by a check payable to (U.A.R.) United Association of REALTORS® in the amount of **\$250.00**, for annual dues.