

# AFFILIATE MEMBERSHIP APPLICATION

405 E. Congress Parkway, Suite A  
Crystal Lake, IL 60014  
Phone: 815-459-0600  
Email: [info@HeartlandRO.com](mailto:info@HeartlandRO.com)



NAME OF APPLICANT \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

BUSINESS ENGAGED IN \_\_\_\_\_ POSITION WITH FIRM \_\_\_\_\_

Is Applicant (or firm) actively engaged in the real estate profession, and/or licensed as a real estate broker or salesperson In the State of Illinois? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please proceed to question #6.)

If you answered yes to the above, please complete the following:

- 1) Real Estate License Number \_\_\_\_\_
- 2) Real Estate License held at \_\_\_\_\_
- 3) Appraiser License/Certification Number \_\_\_\_\_
- 4) Home Inspector License Number \_\_\_\_\_
- 5) Mortgage Banking License Number \_\_\_\_\_

6) Are you also applying for membership with Illinois REALTORS®? Yes \_\_\_\_\_ No \_\_\_\_\_ (Optional - See fees below)

7) Have you paid the Illinois REALTORS® portion of the dues through any other Board/Association? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach dues waiver from primary Board/Association)

## PLEASE PROVIDE A COPY OF YOUR LICENSE OR CERTIFICATION WITH APPLICATION SUBMISSION.

Applicant hereby agrees to abide by the By-Laws of the Heartland REALTOR® Organization and also waives all claims against the Association and the members of the Professional Standards Committee arising out of any action by the Committee or the Association.

By signing below, I consent that the REALTOR® Associations (local, state and national) and their subsidiaries, if any (e.g. MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## AFFILIATE DUES

**APPLICATION FEE: \$75.00 (Non-refundable if accepted to membership)**

### DUES PRORATED BY QUARTER

	<u>Local</u>	<u>State (optional)</u>
October/November/December	\$180.00**	\$43.75*
January/February/March	\$135.00	\$35.00
April/May/June	\$ 90.00	\$26.25
July/August/September	\$ 45.00	\$17.50

PLEASE NOTE: Application fee and dues must be submitted with the application; however, if applicant's firm has already paid one application fee, application fee is waived.

(\*) Includes Illinois REALTORS® 4th quarter 2020 and calendar year 2021 dues.

(\*\*) Local portion - fiscal year October 1, 2020 - September 30, 2021.

Rev. 04/07/2021

Referred by: \_\_\_\_\_ (if applicable)