



# APPLICATION FOR MEMBERSHIP AFFILIATE

I hereby apply for Affiliate Membership in the **Greater Baltimore Board of REALTORS®** (GBBR).

**SentriLock (SentriKey):** If you would like SentriLock (SentriKey) access please complete the application attached for each person requesting access.

**NOTE:** When you receive your welcome email, login to [www.gbbr.org](http://www.gbbr.org) to update your member profile. The information included in your profile is searchable by the public and other GBBR members. Be sure to select your Affiliate Service Category, Specialty, and Language (if you speak multiple languages).

I hereby submit the following information for consideration of my application. (If additional detail is needed, please include separate documentation.)

| COMPANY INFORMATION:      |  |
|---------------------------|--|
| Office Name:              |  |
| Office Address:           |  |
| Office Phone:             |  |
| Contact Name for Company: |  |

| AFFILIATE INFORMATION         |  |                   |  |      |  |
|-------------------------------|--|-------------------|--|------|--|
| First Name                    |  | Middle Name       |  |      |  |
| Last Name                     |  | Suffix            | <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Other |      |  |
| Nickname (DBA):               |  |                   |  |      |  |
| Home Address:                 |  |                   |  |      |  |
| City:                         |  | State:            |  | Zip: |  |
| Home Phone:                   |  | Cell Phone:       |  |      |  |
| Primary Field of Business:    |  |                   |  |      |  |
| Primary E-mail:               |  | Secondary E-mail: |  |      |  |
| NAR Membership number (NRDS): |  | Date of Birth:    |  |      |  |

| AFFILIATE PREFERRED MAILING/CONTACT INFORMATION:   |  |                             |
|--|--|-----------------------------|
| Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell | Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office |                             |
| Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail          |  |                             |
| I give permission to GBBR to send text messages to my above listed cell phone number                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |

| FIRST ADDITIONAL AFFILIATE INFORMATION |  |                   |  |      |  |
|--|--|-------------------|--|------|--|
| First Name                             |  | Middle Name       |  |      |  |
| Last Name                              |  | Suffix            | <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Other |      |  |
| Nickname (DBA):                        |  |                   |  |      |  |
| Home Address:                          |  |                   |  |      |  |
| City:                                  |  | State:            |  | Zip: |  |
| Home Phone:                            |  | Cell Phone:       |  |      |  |
| Primary Field of Business:             |  |                   |  |      |  |
| Primary E-mail:                        |  | Secondary E-mail: |  |      |  |
| NAR Membership number (NRDS):          |  | Date of Birth:    |  |      |  |

| FIRST ADDITIONAL AFFILIATE PREFERRED MAILING/CONTACT INFORMATION:  |  |                             |
|--|--|-----------------------------|
| Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell | Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office |                             |
| Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail          |  |                             |
| I give permission to GBBR to send text messages to my above listed cell phone number                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |

| SECOND ADDITIONAL AFFILIATE INFORMATION |  |                   |  |      |  |
|---|--|-------------------|--|------|--|
| First Name                              |  | Middle Name       |  |      |  |
| Last Name                               |  | Suffix            | <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Other |      |  |
| Nickname (DBA):                         |  |                   |  |      |  |
| Home Address:                           |  |                   |  |      |  |
| City:                                   |  | State:            |  | Zip: |  |
| Home Phone:                             |  | Cell Phone:       |  |      |  |
| Primary Field of Business:              |  |                   |  |      |  |
| Primary E-mail:                         |  | Secondary E-mail: |  |      |  |
| NAR Membership number (NRDS):           |  | Date of Birth:    |  |      |  |

| SECOND ADDITIONAL AFFILIATE PREFERRED MAILING/CONTACT INFORMATION:   |  |                             |
|--|--|-----------------------------|
| Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell | Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office |                             |
| Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail          |  |                             |
| I give permission to GBBR to send text messages to my above listed cell phone number                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |

*NOTE: If more than two additional affiliates are applying within this application please include the above information for each person.*

**Application Fees and Dues:** Enclosed is payment in the amount of \$ \_\_\_\_\_ payable directly to GBBR. I understand that my dues will be refunded to me in the event of non-election, less the application fee.

**NEW PRIMARY AFFILIATE MEMBER DUES STRUCTURE -6/1/24-6/30/25**

| Joining Month | GBBR Local Dues | Total     | 2024 MD State Dues | 2025 MD State Dues | Discount on State Dues paid by GBBR | Total including Optional MD State Dues |
|---------------|-----------------|-----------|--------------------|--------------------|-------------------------------------|--|
| June          | \$ 299.00       | \$ 299.00 | \$ 116.00          | \$ 237.00          | \$ (34.00)                          | \$ 618.00                              |
| July          | \$ 299.00       | \$ 299.00 | \$ 116.00          | \$ 237.00          | \$ (34.00)                          | \$ 618.00                              |
| August        | \$ 275.00       | \$ 275.00 | \$ 116.00          | \$ 237.00          | \$ (57.00)                          | \$ 571.00                              |
| September     | \$ 250.00       | \$ 250.00 | \$ 116.00          | \$ 237.00          | \$ (66.00)                          | \$ 537.00                              |
| October       | \$ 225.00       | \$ 225.00 | \$ 116.00          | \$ 237.00          | \$ (82.00)                          | \$ 496.00                              |
| November      | \$ 199.00       | \$ 199.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 436.00                              |
| December      | \$ 175.00       | \$ 175.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 412.00                              |
| January       | \$ 150.00       | \$ 150.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 387.00                              |
| February      | \$ 124.00       | \$ 124.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 361.00                              |
| March         | \$ 99.00        | \$ 99.00  | \$ -               | \$ 237.00          | \$ -                                | \$ 336.00                              |
| April         | \$ 74.00        | \$ 74.00  | \$ -               | \$ 237.00          | \$ -                                | \$ 311.00                              |
| May           | \$ 50.50        | \$ 50.50  | \$ -               | \$ 118.50          | \$ -                                | \$ 169.00                              |

*As a GBBR Affiliate member, you have the **option** of joining the Maryland REALTORS®. For a list of Maryland REALTORS® Affiliate Membership Benefits, call 800-638-6425.*

**NEW ADDITIONAL AFFILIATE MEMBER DUES STRUCTURE -6/1/24-6/30/25**

| Joining Month | GBBR Local Dues | Total    | 2024 MD State Dues | 2025 MD State Dues | Discount on State Dues paid by GBBR | Total including Optional MD State Dues |
|---------------|-----------------|----------|--------------------|--------------------|-------------------------------------|--|
| June          | \$ 50.00        | \$ 50.00 | \$ 116.00          | \$ 237.00          | \$ (34.00)                          | \$ 369.00                              |
| July          | \$ 50.00        | \$ 50.00 | \$ 116.00          | \$ 237.00          | \$ (34.00)                          | \$ 369.00                              |
| August        | \$ 47.00        | \$ 47.00 | \$ 116.00          | \$ 237.00          | \$ (57.00)                          | \$ 343.00                              |
| September     | \$ 42.00        | \$ 42.00 | \$ 116.00          | \$ 237.00          | \$ (66.00)                          | \$ 329.00                              |
| October       | \$ 39.00        | \$ 39.00 | \$ 116.00          | \$ 237.00          | \$ (82.00)                          | \$ 310.00                              |
| November      | \$ 34.00        | \$ 34.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 271.00                              |
| December      | \$ 30.00        | \$ 30.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 267.00                              |
| January       | \$ 26.00        | \$ 26.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 263.00                              |
| February      | \$ 22.00        | \$ 22.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 259.00                              |
| March         | \$ 18.00        | \$ 18.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 255.00                              |
| April         | \$ 14.00        | \$ 14.00 | \$ -               | \$ 237.00          | \$ -                                | \$ 251.00                              |
| May           | \$ 10.50        | \$ 10.50 | \$ -               | \$ 118.50          | \$ -                                | \$ 129.00                              |

*As a GBBR Additional Affiliate member, you have the **option** of joining the Maryland REALTORS®. For a list of Maryland REALTORS® Affiliate Membership Benefits, call 800-638-6425.*

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in GBBR, I agree to pay the established fees as long as I remain a member of GBBR. Dues are payable annually by July 31<sup>st</sup> and are non-refundable. **NOTE:** Dues payments are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. Lobbying fees of 3% are included in the GBBR dues, and 7% in the 2024 MD state dues, and 8% in the 2025 MD state dues. These portions of your dues are non-deductible for tax purposes. **DUES PAYMENTS ARE NON-REFUNDABLE.**

By signing below, I consent that the REALTOR<sup>®</sup> Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone 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: \_\_\_\_\_

| PAYMENT INFORMATION          |  |                |  |
|------------------------------|--|----------------|--|
| Total Payment Enclosed:      |  |                |  |
| Check or Credit Card Number: |  |                |  |
| Card Holder's Name:          |  |                |  |
| Billing Address:             |  |                |  |
| Billing Zip:                 |  |                |  |
| Expiration Date:             |  | Security Code: |  |