



Affiliate Business Partner Membership
 Space Coast REALTORS®
 1450 Sarno Rd., Melbourne, FL 32935
 Phone 321-242-2211 Fax 321-452-1108
www.space321.com

Referred By: _____

What Is a Business Partner Member?

A Business Partner Member is a person or business who, while not a REALTOR®, provides a service to the real estate industry.

Why Become a Business Partner?

We are a trade Association of more than 3,600 licensed real estate professionals that you will have direct access to for networking and business contacts. These contacts will help increase your business.

Most people prefer to do business with a firm or person they are familiar with. Business Partner Members become a part of the REALTOR® family by attending the membership meetings and serving on focus groups and committees.

Business Partners participate in our annual fund raising activities. For 2017 we are supporting Brevard Children in Need, RPAC and others. In addition, the Business Partner Members sponsor education courses, and membership meetings, which gets them nose-to-nose with REALTOR® Members.

What’s In It for Me?

All the Business Partner Members of our Association appear under the “Links” section of the Association website, www.space321.com. You may supply a photo for the 1st Partner contact, and a company logo, which will appear by your company name on our website. You may also send out **two** e-mail blasts to the membership each month.

Fees:

One Time Application Fee: \$50.00 *(Currently Waived)*

	<u>Jan. – Dec.</u>	<u>April – Dec.</u>	<u>July – Dec.</u>	<u>Oct. – Dec.</u>
Annual Dues				
Application Fee				
TOTAL				

Annual Membership is for one location and two Business Partner members per office. Additional Business Partner Members: \$60.00 each per year. If you have more than one office and would like membership for an additional office, please submit a separate application and payment for each office. Please see next page to enter your Credit Card information.

Firm Name: _____ Type of Business: _____

Firm Billing Address: _____
 Street City State Zip

Firm Phone: _____ Firm Fax: _____ Web Address: _____

* 1st Contact: _____ Email: _____

Cell Phone: _____ Last 4 Digits of SS#: _____ (Required)

Please provide information for each additional “Office Team Member” you would like to register on the next page.

* This person receives a copy of the newsletter and emails from the Association and may represent your firm at meetings in case you can not attend.

Additional Business Partner Members

Annual Fee – \$60.00 Per Member

2nd Contact: _____ Email: _____

Cell Phone: _____ Last 4 Digits of SS#: _____ (Required)

3rd Contact: _____ Email: _____

Cell Phone: _____ Last 4 Digits of SS#: _____ (Required)

4th Contact: _____ Email: _____

Cell Phone: _____ Last 4 Digits of SS#: _____ (Required)

5th Contact: _____ Email: _____

Cell Phone: _____ Last 4 Digits of SS#: _____ (Required)

6th Contact: _____ Email: _____

Cell Phone: _____ Last 4 Digits of SS#: _____ (Required)

Credit Card Payment Information

Name on Card: _____

Amount to Charge: _____

Credit Card Number: _____ Expiration Date: _____

Please check if you would like to place your Credit Card on file. We will automatically pay your annual sponsorship fees as long as this card is active.

Please check if you would like **this card** to be added to the additional “Office Team Members” account(s) as well.