



NORTHSORE AREA BOARD OF REALTORS®

Chase Bank Center, 3500 Highway 190, Suite 210, Mandeville, LA 70471
Phone (985) 674-4233 FAX (985) 674-4465 www.nabors.org patricia@nabors.org

2018 AFFILIATE MEMBERSHIP INVOICE

*BEING A NABOR AFFILIATE IS A COMPANY ASSOCIATION.
ANNUAL MEMBERSHIP IS NOT ASSESSED PER PERSON.*

PLEASE COMPLETE AND RETURN BOTH PAGES OF THIS FORM.

PLEASE PRINT

DATE: ____/____/2018

COMPANY: _____

LOCAL ADDRESS: _____
Number & Street City, State, Zip

MAIN COMPANY CONTACT: _____

TITLE: _____ *See 2nd page to submit additional reps*

PHONE: _____ FAX: _____

EMAIL: _____ COMPANY WEB: _____

**ANNUAL AFFILIATE MEMBERSHIP IS ONLY \$250, PRO-RATED MONTHLY BELOW.
CHECK ✓ THE MONTH YOU ARE JOINING OR RENEWING MEMBERSHIP.
ANNUAL PRO-RATED PAYMENT WILL BRING YOU CURRENT UNTIL THE END OF 2017.**

____ JAN	\$250	____ MAY	\$167	____ SEPTEMBER	\$83
____ FEB	\$230	____ JUNE	\$146	____ OCTOBER	\$63
____ MARCH	\$209	____ JULY	\$125	____ NOVEMBER	\$42
____ APRIL	\$188	____ AUGUST	\$104	____ DECEMBER	\$21

TOTAL AMOUNT SUBMITTED NOW \$ _____

____ Check, payable to NORTHSORE AREA BOARD OF REALTORS ____ VISA ____ MASTER CARD

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: _____ Security # ____ _

Credit Card Billing Address: _____
Number & Street City, State, Zip

Authorization Signature: _____

Thank you for your generous support of the Northshore Area Board of Realtors!





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Please give contact information on two (2) COMPANY CONTACTS in your office that you would like NABOR to have on record.

Please PRINT:

COMPANY NAME: _____

COMPANY REP #1: _____

E-mail: _____

CELL PHONE: _____ **FAX #** _____

COMPANY REP #2: _____

E-mail: _____

CELL PHONE: _____ **FAX #** _____

More names may require additional company sponsorships.

PLEASE RETURN BOTH THESE FORMS WITH SEVERAL OF YOUR BUSINESS CARDS FOR DISPLAY IN THE NABOR OFFICE.

