



**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](http://www.nabors.org) [NABOR.INFO@ICLOUD.COM](mailto:NABOR.INFO@ICLOUD.COM)

**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 2<sup>nd</sup> 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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**2018 AFFILIATE CONTACT INFORMATION**

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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.***

