



**Lewis-Clark Association of Realtors®**  
810 Main Street  
Lewiston, ID 83501  
208-746-2019  
lcar@cableone.net

**APPLICATION FOR AFFILIATE MEMBERSHIP**

I hereby apply for Affiliate Membership in the above named Association and enclose my check for \$150.00, which represents Washington affiliate dues. My membership will be listed in the Association Roster as follows:

Designated Member: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address \_\_\_\_\_

Types of Products/Services: \_\_\_\_\_

I agree that if accepted into membership I shall pay the annual dues of \$150.00 (or as amended). Applicant will be billed at the beginning of each new calendar year.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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**PAYMENT METHOD:**

Cash

Check - Made payable to LCAR

Credit Card  VISA  MC Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_