

N.E.W.R.A.

2008 Membership Application

Name: _____
Company: _____
Address: _____
City/ST/Zip: _____ OH _____
Phone: _____ Office _____ Cell _____
E-mail Address: _____

| | Membership Type | |
|------------------------|-----------------|-------|
| R.E. Broker/Manager | \$10.00 | _____ |
| Licensed Realtor/Agent | \$10.00 | _____ |

My Broker/Manager is: _____

Affiliate Member \$15.00 _____

I agree to support the Association by my attendance and participation. I further agree to abide by the By-Laws and any regulations approved by the membership.

Signature Date _____

Please make checks payable to **N.E.W.R.A.** Attach 2 business cards with this application.

Mail to: Nick Herold
% The Arlington Bank
4621 Reed Road
Columbus, Ohio 43220