



# Application for Affiliate Membership

## Lake of the Ozarks Board of REALTORS®

**Ben Holt**

Affiliate Liaison

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Application for Affiliate Membership  
**COMMITMENT FORM**



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

Type of Business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Designated Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Contact Email: \_\_\_\_\_

Signature of Rep: \_\_\_\_\_

\_\_\_\_\_ **YES!!** I want to become an AFFILIATE MEMBER of the Lake of the Ozarks Board of REALTORS®. I agree to abide by the Bylaws of Association.

Please let us know if you were referred by someone:

\_\_\_\_\_

**Please select your Membership Level:**

- ◇ **Raving Fan \$2500**
- ◇ **Advocate \$1250**
- ◇ **Patron \$500**
- ◇ **Friend \$250**

To Submit, please mail completed form with payment to Lake of the Ozarks Board of Realtors®, PO Box 507, Sunrise Beach, MO 65079 or email application to [info@lobr.net](mailto:info@lobr.net)