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JTHS-MIAMI
 MIAMI
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BUSINESS PARTNER MEMBERSHIP APPLICATION

JOIN JTHS-MIAMI TODAY

Connect with one of the largest Real Estate Networks in the nation

Name of Company: _____
 Representative: _____
 Servicing Area(s): _____
 Business Address: _____
 Business Phone: (_____) _____ - _____ FAX: (_____) _____ - _____ Cell: (_____) _____ - _____
 Email Address: _____ Web Address: _____

- Business Membership: The firm owns membership, designating only one representative. Representatives can be changed.
- Individual Membership: Individual is the member. Membership remains with Individual if they move from one firm to another.

Service or product offered: _____
 Roster classification: _____
 (Choose 1 only)

<input type="checkbox"/> Financial Advisors	<input type="checkbox"/> Organizations	<input type="checkbox"/> Attorney	<input type="checkbox"/> Inspection Services
<input type="checkbox"/> Interior Design/Staging	<input type="checkbox"/> Builders	<input type="checkbox"/> Insurance	<input type="checkbox"/> Real Estate School
<input type="checkbox"/> Communications	<input type="checkbox"/> Lenders	<input type="checkbox"/> Title Companies	<input type="checkbox"/> Computers/Web Design
<input type="checkbox"/> Computers/Web Design	<input type="checkbox"/> Moving Company	<input type="checkbox"/> Other _____	

Information as provided above will be printed in the Council's Business Partners roster, and all mailings sent to the above address. If firm provides more than one service or product, extra classifications can be listed at \$50 each, per year. If more than one individual in the firm would like to be listed separately in the roster and receive mailings, add \$50 per year for each additional person and complete the following information:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____
Fax: (_____) _____ - _____	Fax: (_____) _____ - _____
Cell: (_____) _____ - _____	Cell: (_____) _____ - _____
E-mail: _____	E-mail: _____

Do you or any officer or partner have an active real estate license?
 No Yes, Name: _____ License #: _____

Signature of Applicant: _____ Date: ____/____/____

Dues are pro-rated quarterly as of date of application through December 31 and are non-refundable. Please make checks payable to Miami Association of REALTORS®.

	JAN - MAR	APR - JUNE	JULY - SEPT	OCT - DEC
Dues (Prorated):	250.00	187.50	125.00	62.50
Adtl. Listing @ \$50/ea.:	_____	_____	_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____

CREDIT CARD TYPE: VISA MASTERCARD AMEX DISCOVER

CREDIT CARD No. : _____ - _____ - _____ EXP. DATE: ____/____ CVC#: _____

BILLING ADDRESS: _____

For more info contact Angela Calabria • Senior Membership Specialist (561) 935-9016 • angela@miamire.com
 JTHS-MIAMI Business Partner • Corporate Membership (Jan. 1 - Dec. 31)