



Lake of the Ozarks Board of REALTORS®  
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**AFFILIATE APPLICATION**

**OFFICE INFORMATION (\$110.00 annual dues-per calendar year)**

OFFICE NAME \_\_\_\_\_

TYPE OF SERVICE/BUSINESS (please check one):

- |                                      |   |                                       |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Construction   | <input type="checkbox"/> Financial    |
| <input type="checkbox"/> Inspection  | <input type="checkbox"/> Insurance      | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Septic      | <input type="checkbox"/> Title/Abstract | <input type="checkbox"/> Other        |

OFFICE ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OFFICE WEBSITE: \_\_\_\_\_

**PRIMARY CONTACT PERSON**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Preferred communication method: (circle one)    email    mail    fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Referred By: \_\_\_\_\_