



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

#### **OFFICE INFORMATION (\$100.00 annual dues-per calendar year)**

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

TYPE OF SERVICE/BUSINESS (please check one):

Advertising       Construction       Financial  
 Inspection       Insurance       Pest Control  
 Septic       Title/Abstract       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: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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