

CVAR proudly promotes our Affiliate Members, who are comprised of attorneys, mortgage lenders, financial advisors, home inspectors, pest control experts, restoration specialists and other service providers who assist the local real estate industry.

Becoming an Affiliate Member entitles you to the following:

- Your company name and contact information listed on the CVAR website
- Opportunity to participate as members of CVAR committees
- Option to sponsor educational classes
- Tables set up in the lobby during the Association Luncheons for your company brochures/literature
- Access to our CVAR website, which includes a list of our REALTOR® members
- Association Luncheon held every other month

Join us at the Association luncheon meeting, held on the 2nd Wednesday every other month (with exceptions) beginning 11:30 A.M. The cost is included in your annual dues. Registration forms are emailed for your reservation approximately two weeks prior to the luncheon.

Also, each year we may recognize one Affiliate Member as our *Affiliate of the Year*. The recipient receives this award at our Annual Awards Ceremony at the December Association luncheon along with an advertisement in the local newspaper which includes your name and photo.

We are convinced that these opportunities will help to showcase your business and give you opportunities to build relationships with our REALTOR® members.

If you are interested in joining the Catawba Valley Association of REALTORS® as an Affiliate Member, please call (828) 322-8249 or email info@catawbavalleyrealtors.com for more information.



furnished to the	t about me from any Member of other person, he Association shall be conclusively deemed to the conclusion of the conclus	,	
	AFFILIATE INF	ORMATION	
Full Name:	Last	First	M.I.
Nickname:		Title: (Check One)	Mr. Mrs. Ms.
Preferred Prono	oun(s):		
Office Name:			
Office Address:	Street Address		Apartment/Unit #
	City	State	ZIP Code
Office Phone:	Office Fax	:	
Contact Phone:	Publish:	Yes No	
Email:			
Website:			
Birth Date:	Gender: Female Mal	e REALTOR® License # (if a	pplicable):
Languages Spo	ken (other than English): Have you ever served	in the military? Branch?	
Are you a memb	ber of another Association/Board of REALTORS®?	Yes No	
If so, name of A	ssociation/Board:		
Have you previo	ously been a member of the Catawba Valley Association	on of REALTORS®? Yes	No
acknowledge th	accepted for Membership in the Association, I shall para nat these dues are transferable to another member of nnot be transferred with me to another company. (Dues are transferable during the calent	of my office, should I be transfer	rred or leave the company, but
Signed:		Date:	
	For Office U	Ise Only	
Date Received:	Member #	NRDS:	u .

CATAWBA VALLEY ASSOCIATION OF REALTORS®, INC.

2024 DUES SCHEDULE

Local dues are prorated monthly and must accompany the application.

Please make check payable to the Catawba Valley Association of REALTORS®, Inc. (CVAR)

Or pay online at www.navicamls.net

MONTH	LOCAL	
January	\$165.00	
February	\$151.25	
March	\$137.50	
April	\$123.75	
May	\$110.00	
June	\$96.25	
July	\$82.50	
August	\$68.75	
September	\$55.00	
October	\$41.25	
November	\$27.50	
December	\$13.75	



Catawba Valley Association of REALTORS® 361 2nd St NW Hickory, NC 28601 Phone: 828-322-8249

DEBIT/CREDIT CARD CHARGE AUTHORIZATION FORM

If you would like to have your invoices automatically charged to your card please fill out and return this form to info@catawbavalleyrealtors.com. You will be sent a receipt so you will have a copy for your records.

All personal data information is encrypted and protected by Secure Sockets Layer (SSL).

This is to authorize the Catawba Valley Association of REALTORS® to charge my invoices to a credit/debit card for the following dues and fees.

Please check all that are applicable:

- Annual Association dues
- New Member Application Fee (never pro-rated)
- New Member Association Dues (if joining after January, dues are pro-rated)
- Transfer fee

Card type:	American Express	Visa	Discover	MasterCard	
Card Numbe	r:				
Expiration Da	ate:/				
Member Name			NCREC #		
Name on C	Card				
Billing Addre	ess for Card				
Signature				Date	