



## Membership Application

To join SMC, fill out this application and return it with your dues of only \$110. For more information, please contact our office at (904) 725-4355.

Name	Company Name	Date of Submission	
Mailing Address	City	State	Zip
Company Phone Number	Phone Number	Birth Month/Date	
E-mail (this is our primary form of communication with our members. We will not sell or distribute e-mail addresses.)	Sponsor		

**Please check the box that most applies to you**

- |                                     |  |                                    |                                      |
|-------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Realtor    | <input type="checkbox"/> Builder           | <input type="checkbox"/> Lender    | <input type="checkbox"/> Broker      |
| <input type="checkbox"/> Site Agent | <input type="checkbox"/> Marketing Manager | <input type="checkbox"/> Developer | <input type="checkbox"/> Other _____ |

If you would like to get further involved as an SMC member, please check the box of any of the following committees you are interested in:

- |  |  |   |
|--|--|---|
| <b><u>Networking:</u></b>                          | <b><u>Knowledge:</u></b>                                 | <b><u>Other:</u></b>                          |
| <input type="checkbox"/> Breakfast Program         | <input type="checkbox"/> Education/Managers' Round Table | <input type="checkbox"/> Membership           |
| <input type="checkbox"/> Website                   | <input type="checkbox"/> SAM Tram                        | <input type="checkbox"/> Sponsorships         |
| <input type="checkbox"/> Social Media              | <input type="checkbox"/> Realtor-Builder Tradeshow       | <input type="checkbox"/> Public Relations     |
| <input type="checkbox"/> Realtor-Builder Relations | <b><u>Recognition:</u></b>                               | <input type="checkbox"/> Charitable/SMC Cares |
| <input type="checkbox"/> Welcome Committee         | <input type="checkbox"/> Laurel Awards                   | <input type="checkbox"/> Marketing            |

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*Payments can be made by check, Visa, MasterCard, American Express or Discover  
Annual Membership Dues: \$110.00*

Name on Card: \_\_\_\_\_ Expiration Date: \_\_ \_\_ / \_\_ \_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

E-mail receipt to: \_\_\_\_\_ Total Due \$ \_\_\_\_\_

**Mail, E-mail or fax this application with payment to:**  
NEFBA  
6747 Southpoint Parkway  
Jacksonville, FL 32216  
Tel: (904) 725-4355  
Fax: (904) 721-3372  
[mglass@nefba.com](mailto:mglass@nefba.com)