



APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate membership in the above-named Association of REALTORS®, enclosing my check for fees in the amount of \$ _____, which amount is to be returned to me in the event of non-election. I irrevocably waive all claims against the Association or any of its officers, directors or members for any act in connection with the business of the Association, and particularly as to it's or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as a member. Upon the expiration of said membership for any cause, I will return to the Association all certificates, signs, seals or other indications of membership in the Association and the California Association of REALTORS®.

I hereby submit the following information for your consideration:

1. Name of firm: _____
2. Firm Address: _____ City _____ Zip _____
3. Name to be shown on membership records: _____
4. E-Mail Address: _____
5. Firm Phone: (____) _____ Fax: (____) _____
6. Cell Phone (____) _____
7. My title or position with the firm: _____
8. I agree to pay the established fees as long as I remain a member of this Association, and understand that present fees are:

Initiation fee.....	\$ _____, plus
Membership dues.....	\$ _____.

It is understood that this application and the fees stated could include membership in the California Real Estate Association.

AUTHORIZED AND CERTIFICATION

As an Applicant for membership in the within named Association, I certify that the answers given in this Application are true and correct, and I authorize said Association through its representatives to make such investigations through recognized credit or other channels as may be considered advisable to verify the statements herein made by me.

Signature of Applicant

Date

Arcadia Association of Realtors®
601 South First Avenue Arcadia, California 91006

(626) 446-2115 (626) 446-4072 Fax
www.TheAAR.com Contactus@TheAAR.com