

RIDGECREST AREA ASSOCIATION of REALTORS®, INC.

995 N. Norma Street, Suite E
Ridgecrest, CA 93555-3386
Phone: (760) 499-1098 Fax: (760) 499-1014
Website: www.ridgecrestaor.com
Email: Donna@ridgecrestaor.com

AFFILIATE APPLICATION FOR MEMBERSHIP

I HEREBY APPLY FOR AFFILIATE MEMBERSHIP WITH THE RIDGECREST AREA ASSOCIATION OF REALTORS®

I hereby submit the following information:

Name of Company _____

Nature of Business/Primary Activity _____

Address of Company _____

Company Phone # _____ Company Fax# _____

Representatives Name _____

Phone # _____ Fax# _____ Cell# _____

Email _____

Membership Fee of \$150.00 annually and a one-time Application fee of \$25.

I agree to pay the established fees for this current year and know my company will be billed annually at the local dues rate. If not paid by Feb 1st the company will be removed from the Ridgecrest Area Association of REALTORS® affiliate roster.

I understand that I will provide to the Ridgecrest Area Association of REALTORS® our company website link to post on the Association's website. I further understand there are no refunds to this membership and that my membership allows me to network with REALTORS® and have access to a member roster to further my business and volunteer at meetings and special events.

Signed _____ Today's Date _____

Signed _____ Today's Date _____

Officers/Owner Name

Office Name

I want to be a member of California Association of REALTORS® fee is included _____ initial here

REVISED 4/20/2011

Saved as: Affiliate Application for membership

RIDGECREST AREA ASSOCIATION OF REALTORS®

TERMS AND CONDITIONS OF MEMBERSHIP

Bylaws, policies and rules. I agree to abide by the bylaws, policies and rules of the Association, the bylaws, policies and rules of the California Association of Realtors®, and the constitution, bylaws, policies and rules of the National Association of Realtors® all as they apply to the category of membership that I am applying for and as may from time to time be amended.

Use of the term REALTOR®. I understand that as an Affiliate member I cannot use the professional designation REALTOR®.

Orientation. I understand that if the Association requires orientation, I must attend such orientation prior to becoming a member of the Association.

No Refund. I understand that my Association membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues or fees.

Authorization to release and use information waiver. I authorize the Association or its representatives to verify any information provided by me in the application by any method including contacting any Board or Association where I held, or continue to hold, any type of membership. I understand that any information gathered under this authorization may be used in evaluating my application for membership. I waive any legal claim or cause of action against the Board, its agents, employees or members including, but not limited to, slander, libel, or defamation of character, that may arise from any action taken to verify, evaluate or process this application or use of the information as authorized and released hereunder.

By signing below, I expressly authorize the Association, including the local, state and national, or their subsidiaries or representatives to fax, email, telephone or send via US mail to me, at the fax numbers, email, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association.

SIGNATURE

I certify that I have read and agree to the terms and conditions of this application and that all information given in the application is true and correct.

Signature of Applicant _____

Date of Signature _____

RIDGECREST AREA ASSOCIATION of REALTORS®, INC.

995 N. Norma Street, Suite E
Ridgecrest, CA 93555-3386
Phone: (760) 499-1098 Fax: (760) 499-1014
Website: www.ridgecrestaor.com
Email: Donna@ridgecrestaor.com

AFFILIATE APPLICATION FOR MEMBERSHIP

Dues and Fees

Affiliate Membership Board Fee \$ _____ (\$150 annually, due Jan 10th)
One Time Application Fee \$ 25.00 (one time only)
Voluntary Political Action Fund \$ _____
Total Amount Paid \$ _____

FOR OFFICE USE ONLY

Check Received in the amount of: \$ _____ By: _____

Orientation attended: _____

Membership Start Date: _____

Membership application approved: _____ Yes _____ NO

Chairpersons Signature: _____ Date: _____

Board of Directors approval: Date _____