

AFFILIATE APPLICATION



PLEASE PRINT

Membership Hours: Monday thru Friday 9:00 am - 4:00 pm

MEMBERSHIP TYPE

- Escrow Title Lender/Financial Services Home Inspection
 Home Warranty Property Disclosure Marketing Other: _____

GENERAL INFORMATION (Please provide a copy of your Driver's License)

Name: _____
Company Name: _____
Company Address: _____ City: _____ State: _____ Zip: _____
Company Telephone Number: _____ Company Fax Number: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Telephone Number: _____ Home Fax Number: _____
E-Mail: _____ What is your primary mailing address? Company Home

PAYMENT INFORMATION

**\$110 PER
FISCAL YEAR**
(PRO-RATED QUARTERLY)

- January - March \$110
 April - June \$82.50
 July - September \$55
 October - December \$27.50

I authorize the **Tri-Counties Association of REALTORS®** to debit my credit/debit card for the amount of \$ _____

- Visa Master Card Discover Amex

Card Number: _____ Exp Date: _____

Enclosed is my check # _____ for \$ _____

(Please make checks payable to Tri-Counties Association of REALTORS)

DESCRIPTION OF PRODUCT OR SERVICE

25 words or less: _____

SIGNATURE

REQUIRED - APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION

- Bylaws, policies, and Affiliate Operating rules.** I agree to abide by the bylaws, policies, and Affiliate Operating rules of the Tri-Counties Association of REALTORS®, 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 may from time to time be amended.
- Refunds.** I understand that the Tri-Counties Association of REALTORS® membership dues are non-refundable.
- I Certify that all information given in this application is true and correct.**

APPLICANT SIGNATURE: _____ **DATE:** _____

