



SOUTHLAND REGIONAL ASSOCIATION OF REALTORS®, INC.

APPLICATION FOR AFFILIATE MEMBERSHIP

Affiliate Members shall be firms who, while NOT engaged in the real estate profession as defined in Article V Section 3 and 4 of the Bylaws, have interests requiring information concerning real estate, and are in sympathy with the objectives of the Association.

I hereby apply for Affiliate Membership in the Southland Regional Association of REALTORS® and submit the following information for consideration.

(Please Print or Type)

- 1. Affiliate Name: _____ Date: _____
2. Company Name: _____
3. Company Address: _____
4. Company City: _____ Driver's License #: _____
5. Company State: _____ Zip: _____
6. Company Phone #: _____ Company Fax: _____
7. Cell Phone #: _____ Website: _____
8. Email: _____
9. Applicant Signature: _____
10. Representative Name: _____ Cell#: _____
11. Email: _____

Primary Type of Real Estate Served: Residential or Commercial
Type of Business: Check Appropriate Box For Your Company Type - Choose only One.

Table with 4 columns and 13 rows listing various business types such as Accountant, Developer, Insurance, and Retrofitting.

I agree to abide by the association's Bylaws; rules and Regulations of the Association; the Bylaws and Constitution of the CALIFORNIA ASSOCIATION OF REALTORS® and all future amendments thereto.

I further agree to pay the established dues as long as I remain a member of the Southland Regional Association of REALTORS®. DUES ARE PAYABLE ANNUALLY AS OF JANUARY 1, AND CONSIDER DELINQUENT IF NOT PAID BY THE DUE DATE. DELINQUENT DUES ARE SUBJECT TO A LATE CHARGE AS ESTABLISHED BY THE BOARD OF DIRECTORS. FAILURE TO PAY DUES BY THE DUE DATE WILL RESULT IN SUSPENSION OF MEMBERSHIP. DUES & FEES ARE NON-REFUNDABLE.

I understand that I shall receive the services, which are accorded to Affiliate Members as they are set forth in the Membership Rules, and that I shall not have access to confidential MLS material.

For Association Use Only

Member Number: _____ Firm Number: _____ Data Processing Class: E

Representative Member Number: _____ Data Processing Class: Q

Check #: _____ or Cash or VISA / MC / AMEX / Discovery: _____

Table with 6 columns: Total Amount, SRAR Dues, CAR, SRAR Process. Fee, CAR Application, MISC.

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