

APPLICATION FOR AFFILIATE MEMBERSHIP
AMADOR COUNTY ASSOCIATION OF REALTORS®

Date _____

Name of Company _____

First & Last Name _____

Check One: Individual DBA Partnership Corporation

Position with Company _____

Office Street Address _____

(street)

(city)

(state)

(zip code)

Office Mailing Address (P.O. Box or Street) _____

(if different than above)

(city)

(state)

(zip code)

Office Phone _____ Cell Phone _____

Should Cell # be listed on records (i.e., ACAR Website)? ___ Yes ___ No

Brief Description of the Nature of your Business _____

Applicant's Mailing Address (Home or P.O. Box) _____

(city)

(state)

(zip code)

Home Phone _____

Email Address _____

Website URL _____

I DO NOT DO hold a California Real Estate License # _____ Exp _____

I DO NOT DO have an MLO Endorsement # _____

FEES

One Time Initiation Fee \$ 50.00

Annual Membership Fee \$ 75.00

Total \$125.00

As an applicant for Affiliate Membership in the Amador County Association of REALTORS®, I certify this application to be true and correct and I authorize the Amador County Association of REALTORS® to make such investigations as may be considered advisable to verify the statements herein made.

Signature _____ Date _____

Print Name _____