



# Alameda Association of REALTORS® Affiliate Membership Application



NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PLEASE GIVE A BRIEF DESCRIPTION OF SERVICES PROVIDED: \_\_\_\_\_

\_\_\_\_\_

### CHECK CATEGORY UNDER WHICH YOU WISH TO APPEAR IN ROSTER:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Appraisal Services | <input type="checkbox"/> Insurance           | <input type="checkbox"/> Publishers         |
| <input type="checkbox"/> Attorney Services  | <input type="checkbox"/> Interior Design     | <input type="checkbox"/> Real Estate School |
| <input type="checkbox"/> Communications     | <input type="checkbox"/> Mortgage Lender     | <input type="checkbox"/> Title & Escrow     |
| <input type="checkbox"/> Home Inspections   | <input type="checkbox"/> Pest Control        | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Home Warranty      | <input type="checkbox"/> Property Management | _____                                       |

I agree to pay the established fees as long as I remain a member of the Alameda Association of REALTORS®. I certify that the information given is true and correct, and I authorize the Alameda Association of REALTORS® to make necessary investigations to verify above information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# AFFILIATE MEMBERSHIP FEES

*Please use the schedule provided to list the appropriate fees for the month you are joining (provides membership through December):*

<b>DUES AND FEES SCHEDULE</b>				
DESCRIPTION	JAN - MAR	APR - JUN	JUL - SEP	OCT - DEC
<b>AFFILIATE DUES</b>	175.00	130.00	85.00	40.00
<b>PROCESSING FEE</b>	75.00	75.00	75.00	75.00
<b>AFFILIATE FUND</b>	25.00	25.00	25.00	25.00
<b>ADDITIONAL AGENT*</b>	*20.00	*20.00	*20.00	*20.00
<b>TOTAL</b>	275.00	230.00	185.00	140.00

Affiliate Dues \_\_\_\_\_

Processing Fee \_\_\_\_\_

Affiliate Fund \_\_\_\_\_

Additional Agent(s) \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_

\* You can add as many additional agents as desired for only \$20 each.

Additional Agent Name \_\_\_\_\_

Additional Agent Name \_\_\_\_\_

Additional Agent Name \_\_\_\_\_

## PAYMENT METHOD

Cash

Check # \_\_\_\_\_  Personal Check  Business Check *Please make checks payable to AAR.*

Visa / Mastercard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please call (510) 523-7229 with any questions about this application.**

**Please return application with payment to:**  
 Alameda Association of REALTORS®  
 2504 Santa Clara Avenue, Suite 1  
 Alameda, Ca. 94501

or fax your application to:  
 (510) 521-2134

<b>FOR OFFICE USE ONLY</b>	
Received	_____
Outlook	_____
QB	_____
BOD	_____
News	_____
Packet	_____