



Office Use
Member # _____
Office # _____
<input type="checkbox"/> New <input type="checkbox"/> Reinstate
Join Date _____

## APPLICATION FOR AFFILIATE MEMBERSHIP

### APPLICANT INFORMATION

**New Affiliate Application**

**Existing Affiliate Change**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

NMLS#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ (Lenders Only)

### COMPANY INFORMATION

Office Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Website: \_\_\_\_\_ Type of Business: \_\_\_\_\_

### General Terms and Conditions of Affiliate Membership

I agree to abide by the bylaws, policies, and rules of the North San Diego County REALTORS®. Initials: \_\_\_\_\_

I understand that my Association membership dues and fees are non-refundable. In the event I fail to maintain eligibility for membership, or wish to terminate membership, for any reason, I understand I will not be entitled to a refund of my dues and fees. Initials: \_\_\_\_\_

I understand that Affiliate membership with the NSDC REALTORS® is an individual membership and is non-transferable. Initials: \_\_\_\_\_

I irrevocably waive all claims against the North San Diego County REALTORS® or any of its officers, directors, or members for any act in connection with the business of the Association and particularly as to its or their act in electing or failing to elect, advancing, suspending, expelling, or otherwise disciplining me as a member. Upon the expiration of said membership for any cause I will return to the association all membership cards, certificates, signs, seals or other indications of membership in the NSDC REALTORS® and the California Association of REALTORS®. Initials: \_\_\_\_\_

By signing below, I authorize the Association, including its local, state, and national subsidiaries or representatives to fax, e-mail, telephone, send by U.S. Mail to me material advertising the availability of or quality of any property, goods or services offered, endorsed, or promoted by the Association. The Association does not sell or distribute your email for commercial purposes. Initials: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Information:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Please check services you would like to purchase:

- Membership: \$100.00\*Application fee + \$\_\_\_\_\_ \*Annual Dues (\*\*Pro-rate for New Applicants only)
- CAR Membership: \$200 \*Application fee + \$237.00 \*Annual Dues

Total to be charged: \$\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*All Dues and Fees are subject to change

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\*\*Pro-rate schedule: Jan. \$191.00 - Feb. \$175.08-March \$159.17-April \$143.25-May \$127.33-June \$111.42- July \$95.50- Aug. \$79.58- Sept. \$63.67- Oct. \$47.75- Nov. \$31.83- Dec. \$15.92