

Upstate Alliance of REALTORS®
APPLICATION FOR AFFILIATE MEMBERSHIP
(Circle desired membership type)

Individual Corporate

Individual Affiliate:

The Individual Affiliate Members shall be individuals or firms who, while not engaged in the real estate profession, have interests requiring information concerning real estate, who are in sympathy with the objectives of the Association, who desire to hold their membership individually, and whose membership shall transfer with the individual. In the event that an Individual Member leaves his/her company, the individual retains the membership.

Corporate Affiliate:

The Corporate Affiliate Members shall be individuals so designated by Corporations who are in sympathy with the objectives of the Association and, while not engaged in the real estate profession, have interests requiring information concerning real estate, and whose membership, while individual, remains with the Corporation. In the event that a Corporate Member leaves his/her company, the Corporation retains the membership.

1. Name: _____
2. Residence Address: _____
City _____ County _____ Zip _____
3. **Last Four Digits** of Social Security # _____ Home Phone () _____
4. Name of Company: _____ Website _____
5. Company Address: _____
City _____ County _____ Zip _____
6. Office Phone () _____ Office Fax () _____
7. E-mail address _____
8. Principal Business of Firm: _____
9. Your Position in Firm: _____
10. Do you have an Indiana Real Estate License: YES _____ NO _____
If yes, License Number: _____
11. Are you actively engaged in real estate in the areas of appraising, buying, selling, counseling, exchanging, renting, leasing or managing real estate for others for compensation?
YES ___ NO ___ (If "YES", attach additional page and explain in full.)
10. Have you ever been a member of this Association? YES ___ NO ___ If "YES", what years? _____
11. Has your membership in an Association of REALTORS® ever been refused, suspended, or terminated (voluntarily or involuntarily)? YES ___ NO ___ If "YES", attach additional page and explain in full.
12. Are you applying to meet the requirements for membership in one of the Institutes, Societies or Councils of the National Association of REALTORS® YES _____ NO _____
If "YES", which Institute, Society or Council _____
13. Do you have a bankruptcy pending? YES _____ NO _____ Have you ever declared bankruptcy?
YES _____ NO _____ If so, when was it disposed? _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that the failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. Also, by signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (i.e. MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, e-mail address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signed: _____ Dated: _____

I HEREBY APPLY FOR AFFILIATE MEMBERSHIP IN UPSTAR

- a. I will submit a check for \$ _____ which will be refunded if I am not elected to membership.
- b. I consent to the Association's authorized representative inviting and receiving comments about me from any member or other person.
- c. I consent to the Association sending me and my company fax and e-mail correspondence.
- d. I agree that any information received in connection with this shall be conclusively deemed to be privileged and not from the basis of civil action by me (slander, libel, defamation, fraudulent, misrepresentation, invasion of privacy, etc.)
- e. I waive, irrevocably, any and all claims against the Association, its officers, directors, and members for failing to elect me to membership.
- f. I certify that the information provided in this application is true and correct.
- g. I understand that failure to provide complete and accurate information or any misstatement of fact will be grounds for termination of my membership should it be granted.

Signature _____ Date _____

FOR ASSOCIATION USE ONLY

Entered into Rappatoni _____

Approved by Executive Committee _____

Notified of Approval _____

Note: Payments to the Upstate Alliance of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deducted as an ordinary and necessary business expense.