



## APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Membership in the above named Association. Enclosed is my check in the amount of \$ \_\_\_\_\_, which I understand will be returned to me in the event I am not accepted to membership.

Affiliate membership is held on an INDIVIDUAL basis. Membership DOES NOT transfer in the event an Affiliate member changes companies.

I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors.

I consent that the Association may invite and receive information and comment, furnished to the Association by any person in response to the invitation, and information received shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel or defamation of character.

I hereby submit the following for your consideration:

| PAAR USE ONLY  |       |
|----------------|-------|
| Date Received: | _____ |
| Dues Paid:     | _____ |
| Initial Fee:   | _____ |
| Member ID:     | _____ |
| NRDS#:         | _____ |

**THIS APPLICATION WILL ONLY BE ACCEPTED IF COMPLETED IN ITS ENTIRETY. ALL FIELDS ARE REQUIRED.**

| PERSONAL INFORMATION: |  |         |             |   |  |
|-----------------------|--|---------|-------------|---|--|
| First Name            |  |         | Middle Name |   |  |
| Last Name             |  |         | Suffix      | <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc. |  |
| Home Address:         |  |         |             |   |  |
| City:                 |  | State:  |             | Zip:  |  |
| Home Phone:           |  |         | Cell Phone: |   |  |
| Personal Fax:         |  |         | Desk Phone: |   |  |
| E-mail Address:       |  |         |             |   |  |
| Web Address:          |  |         |             |   |  |
| Date of Birth:        |  | Gender: |             | Languages Spoken:   |  |

| LICENSING INFORMATION:   |  |                        |  |
|--|--|------------------------|--|
| Do you hold a RE License?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | RE License #:          |  |
| Do you hold an Appraiser's License?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Appraiser's License #: |  |
| Do you hold yourself out to the public as being actively engaged in the listing or selling of real estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |  |
| Business Type:   |  |                        |  |

| COMPANY AFFILIATION INFORMATION: |  |      |  |
|----------------------------------|--|------|--|
| Office Name:                     |  |      |  |
| Office Address:                  |  |      |  |
| Office Phone:                    |  | Fax: |  |

| PREFERRED MAILING/CONTACT INFORMATION: |                                |                                 |   |
|--|--------------------------------|---------------------------------|---|
| Preferred Phone:                       | <input type="checkbox"/> Home  | <input type="checkbox"/> Office | <input type="checkbox"/> Cell   |
| Preferred Mailing:                     | <input type="checkbox"/> Home  | <input type="checkbox"/> Office | Mail Publications to: <input type="checkbox"/> Home <input type="checkbox"/> Office   |
| Primary Method of Contact:             | <input type="checkbox"/> Email | <input type="checkbox"/> Phone  | <input type="checkbox"/> Fax <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Text |

| APPLICANT INFORMATION:  |  |
|---|--|
| Are you presently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |
| If yes, name of Association   |  |
| Type of membership held:  |  |
| Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, name of Association   |  |
| Type of membership held:  |  |

|   |  |
|---|--|
| Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, state the basis for each such refusal and detail the circumstances:   |  |
|   |  |
|   |  |
|   |  |
| Have you or your firm been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No             |  |
| If yes, provide details:  |  |

| You are authorized to refer to the following members of this Association who know me: |  |
|---|--|
| Name:   |  |
| Address:  |  |
| Phone:  |  |

|          |  |
|----------|--|
| Name:    |  |
| Address: |  |
| Phone:   |  |

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Peoria Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email 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.

| APPLICANT SIGNATURE  |  |
|----------------------|--|
| Date:                |  |
| Applicant Signature: |  |