

Santa Ynez Valley Association of REALTORS®, Inc. 650 Alamo Pintado Rd. Ste. 201 Solvang, CA 93463 Phone - 805/688-7744 assocexec@syvaor.com

Affiliate Application for Membership

I hereby apply for Affiliate membership in the Santa Ynez Valley Association of REALTORS[®]. I am enclosing my check for fees in the amount of \$______, which amount is to be returned to me in the event of non-election. I irrevocably waive all claims against the Association 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 acts in electing or failure 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 certificates, signs, seals or other indications of membership in the Association.

Name of Firm:				
Individual:	DBA:		Partnership:	Corporation:
Address:	t/PO Box			City
Zip Code:	Phone #	<u> </u>		Fax #
E-Mail Address:			Website Addres	s:
Office in Business Z	one? Yes 🗌	No		
Primary Contact name to be shown on membership records:				
Additional Contact	Names			
My title or position with the firm:				
I hold a California R	eal Estate License.	Yes	No No	
Explain status if licensed.				
Partners, Associates, Officers (if a corporation):				
You are authorized	to refer to the following RE	EALTORS® w	vho know me:	
Application Fee:	\$100.00	Local Asso	ociation dues:	\$180.00 per year (pro-rated @ \$45/qtr)

Authorization and Certification. As an Applicant for membership in the within named Association, I certify that the answers given in this application are true and correct, and I authorized said Association through its representatives to make such investigations through recognized credit or other channels as may be considered advisable to verify the statements herein made by me. Authorization is for purposes of approval of this application for membership only.