Santa Ynez Valley Association of REALTORS®, Inc.
2445 Alamo Pintado Avenue, Suite 202
PO Box 433
Los Olivos, CA 93441

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: _____
Street/PO Box City

Zip Code: _____ Phone # _____ Fax # _____

E-Mail Address: _____ Website Address: _____

Primary Contact name to be shown on membership records: _____

Additional Contact Names _____

My title or position with the firm: _____

I hold a California Real Estate License. Yes ☐ No ☐

Explain status if licensed. _____

Partners, Associates, Officers (if a corporation): _____

_____

You are authorized to refer to the following REALTORS® who know me:

_____ _____ _____

_____ _____ _____

Application Fee: $100.00 Local Association dues: $200.00 per year (pro-rated @ $50/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.

Date: _____ Signed: _____