



# Lower Columbia Association of REALTORS®

## APPLICATION FOR AFFILIATE MEMBERSHIP

*Please be accurate as the information you provide will be entered into the REALTOR database. Also, please notify this office of any changes.*

Business Name:		
Street Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	State:	Zip:
Business Phone Number:		Business Fax Number:
Business Email:		Business Web Address:
Contact Person:		Contact's Email:
Contact's Office Phone Number:		Contact's Cell Phone Number:
Franchise:		
Parent Company:		
Main Office:		
Business/Service Provided:		
Have you ever been a member of another REALTOR® Association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the Association name, dates of membership and your NRDS Number:		
<p>Our clients entrust our REALTOR® members with their homes and personal possessions/information. We must do our best to ensure that our AFFILIATE members are held to the same standards as Washington State Real Estate Licensees. Please call the association office with questions.</p> <p>Have been convicted of a felony within the last three years?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please briefly explain.</p>		
<p><b><i>I hereby apply for AFFILIATE membership in the Lower Columbia Association of REALTORS®. I agree to pay the Affiliate member dues and application fee as noted on the rate schedule. Affiliate members are invoiced for each new year of membership at the end of the previous year.</i></b></p> <p><b><i>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, may be grounds for revocation of my membership.</i></b></p>		
Signature:		Date:

Signed By Directors On:


For Office Use Only	Affiliate NRDS #	Office NRDS #	Join Date	NRDS Complete	Dues	Database	MailChimp
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