



AFFILIATE MEMBERSHIP APPLICATION

North Bay Association of REALTORS®

Affiliate Members shall be real estate owners, and other individuals or firms engaged in activities related to the real estate profession, who do not qualify for REALTOR® membership. Affiliate members have interests requiring information concerning real estate and sympathy with the objectives of the A.O.R.

PERSONAL INFORMATION

Affiliate Name: _____

Nickname/Preferred Name: _____

Real Estate License Number (if applicable): _____

Mortgage Loan Originator License Number (if applicable): _____

Mobile Phone: _____ Office Phone: _____

Which do you prefer as the primary phone number: ☐ Office ☐ Mobile

Home Address: _____
(street) (city) (state) (zip code)

Office Address: _____
(street) (city) (state) (zip code)

Which address do you prefer as the mailing address: ☐ Office ☐ Home

Email Address: _____

Birth Date: _____ Social Media Handles: _____

OFFICE INFORMATION

Office Name: _____

Office Address: _____
(street) (city) (state) (zip code)

Office Phone (main): _____ Office Phone (direct): _____

Website Address: _____

SERVICES PROVIDED

- ☐ Advertising/Publications
- ☐ Appraisal
- ☐ Business Services
- ☐ Cleaning/Restoration
- ☐ Construction/Engineering
- ☐ Disclosure Services

- ☐ Flooring
- ☐ Home Warranty
- ☐ Housing Authority
- ☐ Inspections
- ☐ Insurance
- ☐ Legal/Mediation Services

- ☐ Mortgage/Financial Services
- ☐ Moving/Storage
- ☐ Organization Services
- ☐ Photography
- ☐ Plumbing
- ☐ Power/Electrical

- | | | |
|---|---|---|
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Transaction Coordination | |
| <input type="checkbox"/> Staging/Landscaping/Design | <input type="checkbox"/> Other | <input type="checkbox"/> Vacation Rentals |
| <input type="checkbox"/> Title Services | <input type="checkbox"/> Wildfire Mitigation | |
- Please explain: _____

CHAPTER INFORMATION

Please select your **primary** chapter (you may select only one):

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Mendocino / Lake | <input type="checkbox"/> Rohnert Park / Cotati | <input type="checkbox"/> Sebastopol |
| <input type="checkbox"/> Napa County | <input type="checkbox"/> Sonoma Valley | <input type="checkbox"/> Windsor |
| <input type="checkbox"/> North County– Healdsburg | <input type="checkbox"/> Santa Rosa | <input type="checkbox"/> None |
| <input type="checkbox"/> Petaluma | | |

Please select your **secondary** chapters (you may select as many as you wish):

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Mendocino / Lake | <input type="checkbox"/> Rohnert Park / Cotati | <input type="checkbox"/> Sebastopol |
| <input type="checkbox"/> Napa County | <input type="checkbox"/> Sonoma Valley | <input type="checkbox"/> Windsor |
| <input type="checkbox"/> North County– Healdsburg | <input type="checkbox"/> Santa Rosa | <input type="checkbox"/> None |
| <input type="checkbox"/> Petaluma | | |

No refund. I understand that my Association membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues or fees.

Please note, membership benefits are granted to the individual affiliate member, not their entire company or team.

Authorization to release and use information, waiver. I authorize the Association or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, my current or past responsible broker or designated REALTOR®, or any Association or MLS where I held, or continue to hold, any type of membership. I further authorize any Association or MLS where I held, continue to hold, any type of membership to release all my membership or disciplinary records to this Board/Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against the Board/Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

By signing below, I expressly authorize the Association, including the local, state and national, or their subsidiaries or representatives to e-mail, telephone, text or send by U.S. mail to me, at the e-mail address, telephone and text numbers and addresses above, for any and all Association (including the local, state, and national, or their subsidiaries or representatives) communications, including but not limited to those for political purposes and/or material advertising the availability of

or quality of any property, goods or services offered, endorsed or promoted by the Association (including the local, state and national, or their subsidiaries or representatives).

SIGNATURES

I certify that I have read and agree to the terms and conditions of this application, that I meet the requirements for **Affiliate Membership** and that all information given in this application is true and correct.

Signature of Applicant

Date of Signature