



# BRIDGE

ASSOCIATION OF REALTORS®

2855 Telegraph Ave. Suite 600  
Berkeley, CA 94705  
P: 510.848.4288 F: 510.848.2439  
TAX ID #94-0727300

## Application for Affiliate Membership

1. I apply for the following category of membership:  Affiliate

2. **Last Name:** \_\_\_\_\_

3. **First Name:** \_\_\_\_\_

4. **Nickname:** \_\_\_\_\_

5. **Office Name:** \_\_\_\_\_

6. **Office Address:** \_\_\_\_\_  
(street)

\_\_\_\_\_   
(city, state, zip)

7. **Check whether:**  Individual/Firm Representative  Partnership  
 DBA  Corporation

8. **List all DBA's:** \_\_\_\_\_  
\_\_\_\_\_

9. **Office Phone:** (\_\_\_\_\_) \_\_\_\_\_  
(general number)

\_\_\_\_\_   
(your direct line or extension)

10. **Office Fax:** (\_\_\_\_\_) \_\_\_\_\_

11. **Home Address:** \_\_\_\_\_  
(street)

\_\_\_\_\_   
(city, state, zip)

12. **Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

13. **Home Fax:** (\_\_\_\_\_) \_\_\_\_\_

14. **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

15. **Pager:** (\_\_\_\_\_) \_\_\_\_\_

16. **Preferred Phone:** [ ] Office [ ] Office Direct [ ] Home [ ] Cell [ ] Pager

17. **Preferred Fax:** [ ] Office [ ] Home

18. **Preferred Mail:** [ ] Office [ ] Home

19. **Gender:** [ ] Male [ ] Female

20. **E-Mail:** \_\_\_\_\_

21. **Web Page:** \_\_\_\_\_

22. **Partners, Associates, Officers** (if a corporation, give names of senior officers first):

\_\_\_\_\_  
\_\_\_\_\_

23. I (do / do not) hold a California Real Estate License. \_\_\_\_\_Initial

24. I (do / do not) hold a California Appraisers License or certification. \_\_\_\_\_Initial

25. If licensed, fill in your  
Dept. of Real Estate (DRE) License #: \_\_\_\_\_

26. Explain status if licensed: \_\_\_\_\_

27. In which association activities would you like to participate? (Check all that apply)

[ ] Committees [ ] Social Events

[ ] Seminar Sponsor [ ] Lunch Sponsor

[ ] Other(s) \_\_\_\_\_  
(specify)

Enclosed is my check or credit card payment for fees. The paid 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 Association and other REALTOR® organizations.

**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 authorize 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. I understand that if this application is canceled or withdrawn, I will not be entitled to a refund.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Signature)

**FOR OFFICE USE ONLY**

1. **Local Join Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month) (day) (year)

2. **Name of Affiliate this new member is replacing:** \_\_\_\_\_

3. **Existing Member Number:** \_\_\_\_\_