



## Application for Affiliate Membership

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16. **Preferred Phone:**      Office      Office Direct      Home      Cell      Pager
17. **Preferred Communication from Bridge AOR:**      Email Only      Text      Both email & text  
Msg & Data rates may apply
18. **Preferred Fax:**      Office      Home
19. **Preferred Mail:**      Office      Home
20. **Gender:**      Male      Female
21. **E-Mail:** \_\_\_\_\_
22. **Web Page:** \_\_\_\_\_
23. **Partners, Associates, Officers** (if a corporation, give names of senior officers first):  
 \_\_\_\_\_  
 \_\_\_\_\_

24.      I do      I do not hold a California Real Estate License.      \_\_\_\_\_Initial
25.      I do      I do hold a California Appraisers License or certification.      \_\_\_\_\_Initial
26. If licensed, fill in your  
 Dept. of Real Estate (DRE) License #: \_\_\_\_\_
27. Explain status if licensed: \_\_\_\_\_
28. 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 I understand that if this application is canceled or withdrawn, I will not be entitled to a refund.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:** \_\_\_\_\_