

TULARE COUNTY ASSOCIATION OF REALTORS®

Application for Affiliate Membership

2424 E. Valley Oaks Drive
Visalia, CA 93292
(559) 627-1776 phone | (559) 627-9441 fax

Qualifications for Affiliate Membership:

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.

Privileges and Duties of Affiliate Membership:

Affiliate members shall have the rights and privileges and be subject to the obligations prescribed by the Board of Directors of the Association.

1. I apply for the following categories of membership:

- | | | |
|---|---|--|
| <input type="checkbox"/> Appraisers | <input type="checkbox"/> Home Improvements | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Banks & Lenders | <input type="checkbox"/> Home Inspections & Disclosures | <input type="checkbox"/> Pool Service |
| <input type="checkbox"/> Builders and Remodeling | <input type="checkbox"/> Home Warranties | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Insurance Company's | <input type="checkbox"/> Sign Company's |
| <input type="checkbox"/> Computer Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Gardeners & Landscapers |
| <input type="checkbox"/> Escrow & Title Company's | <input type="checkbox"/> Media/Advertising | <input type="checkbox"/> Home Staging |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Mini Storage | <input type="checkbox"/> Photography & Video |

PLEASE CALL TCAOR IF YOU ARE NOT ONE OF THE ABOVE.

2. Name: _____

Affiliate Member Designated Affiliate Member (Responsible Owner/Manager of Firm/Company)

* ONLY Designated Affiliate Member will be given access to the TCAOR Website - Member Center.

3. Firm Name: _____

4. Firm Address: _____
(Street) (City) (State) (Zip code)

5. Firm Telephone Number: _____ Firm Fax Number: _____

List other numbers: _____

6. Home Address: _____
(Street) (City) (State) (Zip code)

7. Primary Telephone Number: _____ Birthday: ____/____/____

8. Primary mailing address? Firm Home 9. Sex (M/F): _____

10. License Type: _____ License #: _____

11. E-Mail Address: _____ Web address: _____

GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

1. Bylaws, Policies, Rules and Regulations. I agree to abide by the bylaws, policies and rules of the Tulare County Association of REALTORS® (T.C.A.O.R.), the Bylaws, Policies and Rules of the California Association of Realtors® (C.A.R.), the Bylaws, Policies and Rules of the National Association of REALTORS® (N.A.R.), all as may from time to time be amended. I agree to abide by the MLS rules, as from time to time amended.

2. Use of the term REALTOR® OR REALTOR-ASSOCIATE®. I understand that the professional designations REALTOR® and REALTOR- ASSOCIATE® are federally registered trademarks of the National Association of REALTORS ®("N.A.R.") and use of these designations are subject to N.A.R. rules and regulation and can only be used by "REALTORS®".

3. No refund. I understand that my T.C.A.O.R. Dues and Tulare County MLS Fees are non-refundable.

Affiliate Membership Fees

** Fees subject to change*

	Application	Access	TOTAL
January	25.00	175.00	200.00
February	25.00	160.42	185.42
March	25.00	145.84	170.84
April	25.00	131.26	156.26
May	25.00	116.68	141.68
June	25.00	102.10	127.10
July	25.00	87.52	112.52
August	25.00	72.94	97.94
September	25.00	58.36	83.36
October	25.00	43.78	68.78
November	25.00	29.20	54.20
December	25.00	14.62	39.62

* Fees are based by office membership (There is no cost for additional members within your office)

* **Annual Dues for continuing Affiliate Members:** January 1st – \$175.00

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

Signature of Applicant

Date of Signature

Signature of Designated Responsible Member for the firm

Date of Signature

<p>TCAOR Office Use Only</p> <p>1. Joined Date: _____</p> <p>2. Member # : _____</p> <p>3. Office # : _____</p> <p>4. Welcome Letter: _____</p> <p>Member File Completed By: _____</p> <p>Scan & Reviewed By: _____</p>
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