

## **AFFILIATE APPLICATION**

NOTE: Fields in **BOLD** are required.

|                           | APPLIC  | ANT INFORMATION            |                       |                |  |
|---------------------------|---|----------------------------|-----------------------|----------------|--|
| Corporate Affiliate:      | The Corporate Affiliate membership is for more than two members within a company. |                            |                       |                |  |
| Individual Affiliate:     | The Individual Affiliate membership covers 1-2 members.                           |                            |                       |                |  |
| Affiliate Dues:           | Corporate Affiliate \$200   | Individual Affiliate \$100 |                       |                |  |
| Name of Responsible       | Affiliate:  |                            |                       |                |  |
| Company Name:             |   |                            |                       |                |  |
| Company Street Addr       | ress (Cannot be a PO Box):  |                            |                       |                |  |
| City:                     |   | State:                     | Zip:                  |                |  |
| Office Phone:             | Cell:   | Email:                     |                       |                |  |
| Website:                  |   | Preferred Phone:           | Office                | Cell           |  |
| Mailing Address (if diffe | erent than above):  |                            |                       |                |  |
| City:                     |   | State:                     | Zip:                  |                |  |
| Have you or any affilia   | ate applicants listed in this ap  | plication held membership  | at another local boar | d/association? |  |
| No Yes                    | If yes, please list who and whi   | ch board/association       |                       |                |  |

## **AFFILIATE FEE SCHEDULE**

There is a \$75.00 application fee for new affiliates, whether individual or corporate.

| Month     | Individual Affiliate Dues | Corporate Affiliate Dues |
|-----------|---------------------------|--------------------------|
| January   | \$100                     | \$200                    |
| February  | \$94                      | \$188                    |
| March     | \$87                      | \$174                    |
| April     | \$80                      | \$160                    |
| May       | \$72                      | \$144                    |
| June      | \$66                      | \$132                    |
| July      | \$59                      | \$118                    |
| August    | \$52                      | \$104                    |
| September | \$45                      | \$90                     |
| October   | \$38                      | \$76                     |
| November  | \$32                      | \$64                     |
| December* | \$25                      | \$50                     |

\*If joining in December, you will be required to pay the prorated amount for December as well as the full annual dues amount for the following year.

## AFFILIATE MEMBER LIST

(Please list everyone who will be associated with this membership, please attach an additional document if more space is needed)

| First Name | Last Name | Cell Phone | Email |
|------------|-----------|------------|-------|
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## AGREEMENT & ACKNOWLEDGEMENTS

I hereby apply for affiliate membership in the Cascades East Association of REALTORS<sup>®</sup> and remit the annual dues and application fee, which I understand will be returned to me in the event I am not accepted to membership.

In the event my application is approved, I agree as a condition of membership to agree to the Bylaws and policies and procedures of the Cascades East Association of REALTORS<sup>®</sup>, as from time to time amended. I understand that I can access updated versions of these documents on the appropriate association website at any time.

consent and authorize, the Cascades East Association of REALTORS<sup>®</sup>, through its volunteer leadership and/or staff, to invite and receive information and comments about me and any board/association where I previously held membership. I agree that any information and comment furnished to the Cascades East Association of REALTORS<sup>®</sup> by any board/association member or other person in response to such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I understand that after approved for membership in the Cascades East Association of REALTORS<sup>®</sup>, I will receive an annual dues bill each fall that is due on January 1<sup>st</sup> each year. Failure to pay on time will result in a late fee being assessed. I further understand that annual dues are non-refundable.

I understand that failure to pay annual dues or any fees assessed will result in a termination of my affiliate membership.

I understand that I can access updated versions of these documents on the appropriate association website at any time.

I agree to keep all of my contact information up-to-date and accurate with the Cascades East Association of REALTORS<sup>®</sup> at all times while I am an active member of the association. I understand that all changes to my contact information must be submitted to the association in writing to <u>membership@cascadeseastrealtors.com</u>.

I further agree to ensure that the Cascades East Association of REALTORS<sup>®</sup> has an accurate list of affiliate members associated with this membership.

Applicant Signature:

Date:

EMAIL COMPLETED FORM WITH SIGNATURES TO <u>MEMBERSHIP@CASCADESEASTREALTORS.COM</u>.