

# AFFILIATE MEMBERSHIP APPLICATION



For Office Use Only

**Individual - (A=Affiliate Member)** Individual membership designates one primary person as the member of the association. This person is the recipient of benefits and communications in regards to the company's membership. Individual membership is **not** transferable to other persons nor refundable.

## 1. MEMBER INFORMATION

|                                                               |            |                                          |
|---------------------------------------------------------------|------------|------------------------------------------|
| Full Name (First, Middle, Last)                               |            | Nickname                                 |
| Home Address <i>(Required by NAR)</i>                         |            | E-mail Address <i>(Required by NAR)</i>  |
| Home City                                                     | Home State | Home Zip                                 |
| Home Telephone                                                | Home Fax   | Mobile Phone                             |
| <input type="checkbox"/> Male <input type="checkbox"/> Female |            |                                          |
| DOB (mm/yyyy)                                                 | Sex        | Preferred Phone <i>(Required by NAR)</i> |

## 2. COMPANY INFORMATION

Listing Category 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

(Choose only one. See section 5. for a list categories. i.e., HLTH = Health Care)

|                                          |               |                                            |
|------------------------------------------|---------------|--------------------------------------------|
| Affiliate Company Name                   |               | Company Telephone <i>(Required by NAR)</i> |
| Company Address <i>(Required by NAR)</i> |               | Company Fax                                |
| Company City                             | Company State | Company Zip Code                           |
| Company Website                          |               |                                            |

Have you ever held a membership in any other Real Estate Board / Association?  Yes     No    If yes, where? \_\_\_\_\_

Have you ever been a member of the SouthEast Valley Regional Association of REALTORS® (SEVRAR)?  Yes     No    If yes, when? \_\_\_\_\_

## 3. MEMBERSHIP DUES

The Affiliate Membership term is based on a calendar year (January 1 through December 31).

### INDIVIDUAL AFFILIATE DUES SCHEDULE

|                                                        | If You Join:<br>1st Qtr. (Jan-Mar) | If You Join:<br>2nd Qtr. (Apr-Jun) | If You Join:<br>3rd Qtr. (Jul-Sep) | If You Join:<br>4th Qtr. (Oct-Dec) |
|--------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <b>Local Dues</b>                                      | \$125.00                           | \$93.75                            | \$62.50                            | \$31.25                            |
| <b>Application Fee</b>                                 | \$95.00                            | \$95.00                            | \$95.00                            | \$95.00                            |
| <b>Sub Total</b><br><i>(Payable to SEVRAR)</i>         | <b>\$220.00</b>                    | <b>\$188.75</b>                    | <b>\$157.50</b>                    | <b>\$126.25</b>                    |
| (voluntary)<br><b>RAPAC</b>                            | <b>\$30.00</b>                     | <b>\$30.00</b>                     | <b>\$30.00</b>                     | <b>\$30.00</b>                     |
| <b>TOTAL DUE W/RAPAC</b><br><i>(Payable to SEVRAR)</i> | <b>\$250.00</b>                    | <b>\$218.75</b>                    | <b>\$187.50</b>                    | <b>\$156.25</b>                    |

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#### 4. NINETY DAY (90) MEMBERSHIP REQUIREMENT

Affiliate Certification must be completed within **NINETY DAYS (90) OF APPLICATION** or membership will be terminated and an additional reinstatement fee of **\$95.00** will be assessed. The schedule and online registration for Affiliate Certification classes can be found on the SEVRAR at: [www.sevrrar.com](http://www.sevrrar.com). (member login required).

- Click on:
1. [Class Search](#) (very top blue menu bar)
  2. Click the [SEARCH](#) button (for best results leave fields where they defaulted and click SEARCH only)

Applicants Initials \_\_\_\_\_

#### 5. COMPANY LISTING CATEGORIES

Affiliate members are listed in SEVRAR's member roster by both company name and specialty category. Please choose the ONE category under which you would like your company listed.

|      |                            |      |                       |
|------|----------------------------|------|-----------------------|
| A    | = Appraiser                | HLTH | = Health Care         |
| AL   | = Alarm System             | HM   | = Handy Man Services  |
| AT   | = Attorney                 | I    | = Inspection          |
| B    | = Banker / Financial       | IN   | = Insurance           |
| C    | = Construction / Builder   | INT  | = Interior Decorating |
| CA   | = Catering                 | INTE | = Internet Marketing  |
| CEL  | = Cellular Phone / Service | M    | = Mortgage Company    |
| CONS | = Consulting               | MARK | = Marketing           |
| CPSW | = Computer Software        | MOBL | = Mobile Auto Repair  |
| DIS  | = Disclosure               | MOVE | = Moving Company      |
| DRY  | = Drywall Repair           | NEWS | = Newspaper           |
| E    | = Exterminating            | PM   | = Property Management |
| EN   | = Environmental Service    | POST | = Post Installation   |
| F    | = Floor Coverings          | PUB  | = Publisher           |
| G    | = General Contractor       | Q    | = Carpet Cleaning     |
| GLAS | = Glass Company            | SCAN | = Scanning            |
| H    | = Home Warranty            | T    | = Title Company       |
| HB   | = Home Builder             | V    | = Vendor              |
| HI   | = Health Insurance         | VI   | = Virtual Tours       |
|      |                            | O    | = Other _____         |

#### 6. PREFERENCES / COMMUNICATION

The SouthEast Valley Regional Association of REALTORS® communicates with it's members through mail, facsimile, and e-mail.

New rules promulgated by the FCC require that a sender of mail, facsimile, and e-mail "advertisement" must obtain the express written permission from the intended recipient which clearly indicates the recipient's permission to receive the communications and also contains the mailing address, fax number, and e-mail address where the communication will be sent. The term "advertising" is being defined extremely broad, it would include announcements regarding educational programs, new products, training, membership, conventions, application renewal and other communications that are typically exchanged between the Association and members.

SEVRAR will need your written consent to receive communications that might be deemed as "advertising".

The consent form cannot be mailed, faxed, or e-mailed to the recipient, and permission to send these communications cannot be presumed.

By initialing on the application form, you expressly authorize the Association and their subsidiaries or representatives to mail, fax or e-mail to me, material advertising the availability of or quality of any association information, goods or services offered endorsed or promoted by the Association.

*\*SEVRAR does not sell, loan, or lease your email address provided.*

#### 7. ADDITIONAL INFORMATION

##### \*RAPAC (Voluntary)

You can help make a difference and invest in your future by contributing to the REALTORS® Political Survival Fund. Your contribution will promote effective political leadership, both locally and nationally, support legislations that protects and preserves our clients' private property rights, enable the REALTORS® voice to be heard, and protect Arizona' quality of life. **This is a voluntary contribution.**

##### INFORMATION CHANGE / UPDATE = \$0.00

You must keep your information current and up-to-date with SEVRAR to receive important communications from the association. Therefore there is no charge associated with this update. i.e., the entire Company moves to a new location, personal move, new email address, etc. Please send the updated/new information in writing.

##### COMPANY TRANSFER = \$50.00

Example: This includes moving from Company ABC to Company DEF.

#### 8. PREFERENCES

Preferred Mailing Location:  Home  Company

Would you be interested in serving on any association committees?  Yes  No

(If Yes, see Committees section for list.) Name of Committee: \_\_\_\_\_

I hereby authorize SEVRAR to mail, fax and e-mail communications to my preferred addresses and numbers as designated here. (see next page for Communication information in its entirety.)

Initial: \_\_\_\_\_

#### 9. CONDITIONS OF MEMBERSHIP

Realizing that the SouthEast Valley Regional Association of REALTORS® (SEVRAR), in cooperation with the Arizona Association of REALTORS® (AAR) and the National Association of REALTORS® (NAR) has been endeavoring to safeguard the true American principles of Free Enterprise in all business professional fields, I hereby file application for Affiliate Membership in the SouthEast Valley Regional Association of REALTORS®.

I agree that if I am accepted to Affiliate membership, I will abide by the bylaws of the association and further, I agree to pay the dues and fees from time-to-time established by the directors.

➤ \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# PAYMENT FORM

**For Office (SEVRAR) Use Only**

**Payment Received:**  Credit/Charge (See Below)  Check: # \_\_\_\_\_

Print Name \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

> \_\_\_\_\_

Signature \_\_\_\_\_

CSC (Card Security Code) \_\_\_\_\_

Local Dues (SEVRAR) \$ \_\_\_\_\_

RAPAC Investment\* \$ \_\_\_\_\_

**Payment Type:**

State Dues (AAR) \$ \_\_\_\_\_

Application Fee \$95.00

American Express

Discover

MasterCard

Visa

National Dues (NAR) \$ \_\_\_\_\_



NAR Assessment \$ \_\_\_\_\_

**TOTAL PAYMENT**

\$

\*Contributions to RAPAC are voluntary and are used for political purposes. You may refuse to contribute without reprisal or otherwise affecting your membership rights. Seventy (70) percent of each contribution will be sent to Arizona PAC for state and local activities. Contributions to National RPAC are charged against your limits under 2 U.S.C 441a. Contributions are not deductible for Federal income tax purposes.