

All fields within this application are mandatory.

Application for: _____ Local Affiliate _____ State Affiliate

Application for: _____ Corporate Membership _____ Individual Membership

Name of Applicant: _____

Company Affiliation: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Office Phone Number: _____

Cell: _____ Fax Number: _____ Website: _____

Primary Phone Number: _____ Office _____ Cell

Primary Mailing Address: _____ Office _____ Home

Only the address and phone number listed as primary will be published

Nature of Business (Please check all that apply):

Attorneys & Legal _____ Cleaning Services _____ Home Inspection _____

HVAC Services _____ Insurance _____ Interior Design/Staging _____

Mortgage/Lending _____ Moving & Storage _____ Fuel Companies _____

IT Services/Web Des. _____ Pest Control _____ Photographers _____

Publishing/Adv. _____ Surveying/Eng. _____ Title Company _____

Well & Water Testing _____ Other (Please Specify): _____

I hereby apply for AFFILIATE MEMBERSHIP in the Central Oregon Association of REALTORS®. I understand that all fees are due at the time I submit this application. (For Fee Structure-See Appendix I)

Initial: _____

I hereby irrevocably waive any and all claims against the Central Oregon Association of REALTORS® or any of its officers, directors, members or staff for any act in connection with the business of the Board and particularly as to its or their acts in advancing, suspending, expelling or otherwise disciplining me as an applicant or as an Affiliate Member.

Initial: _____

I agree to pay the established dues in accordance with the Bylaws of the Central Oregon Association of REALTORS®. I have enclosed by check # _____

in the amount of \$ _____ or authorize my credit card to be charged in the amount of \$ _____. Initial: _____

Name (Print): _____

Signature: _____ Date: _____

Complete if paying by credit card:

Card Type (MasterCard or Visa Only): _____ Name on Card: _____

Card Number: _____ Exp. Date: _____ CSV Code: _____

Billing Address of the Credit Card (include City and Zip): _____

Signature: _____