

AFFILIATE APPLICATION

I hereby apply for Affiliate membership in the Nevada Association of REALTORS®. I agree to abide by the Rules and Regulations of the Nevada Association of REALTORS® and the California Association of REALTORS®. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me or my firm from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the 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.

Type of Membership:

- Individual** (complete contact and company information sections below)
- Company** (see instructions below)

Instructions: Company membership is \$175.00 per year for Primary Membership and \$95.00 per each Secondary Memberships. The Primary Member, who is responsible for appointing Secondary Members to represent the Company and to notify NCAOR of any changes in membership or contact information, should be listed in the Contact Information. Secondary Members should be listed on the second page of this application. If your company has more than one office, please complete a separate Affiliate Member Application for each branch or office and attach to this application.

You may fax, hand-carry or mail your application package to NCAOR Office.

Please contact NCAOR to expedite your application request

FOR NCAOR STAFF USE ONLY	
Member No: _____ Office No: _____	
Applicant Information (Primary Contact)	First Name _____ Middle Initial _____ Last Name _____ Home Address _____ City _____ State _____ Zip Code (+ Four) _____ - _____ Home Phone _____ - _____ - _____ Home Fax _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email: _____ Please send invoice to my <input type="checkbox"/> Individual <input type="checkbox"/> Office Please send my mail to my <input type="checkbox"/> Home <input type="checkbox"/> Office Please place on NCAOR Roster: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Website Choose your Agent ID: _____ Choose your Password: _____ <small>(Up to Twelve (12) characters and/or numbers) (Up to Nine (9) characters and/or numbers)</small>
Office Information	Office Name _____ Office Address _____ City _____ State _____ Zip Code (+ Four) _____ - _____ Office Mailing Address _____ City _____ State _____ Zip Code (+ Four) _____ - _____ Office Phone _____ - _____ - _____ Office Fax _____ - _____ - _____ Firm Website: _____ Type of Business: _____ <small>(i.e. Lender, Escrow)</small>

AFFILIATE APPLICATION

Secondary Members Information	First Name _____ Middle Initial _____ Last Name _____ Home Address _____ City _____ State _____ Zip Code (+ Four) _____ - _____ Home Phone _____ - _____ - _____ Home Fax _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email: _____ Please send invoice to my <input type="checkbox"/> Individual <input type="checkbox"/> Office Please place on NCAOR Roster: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Website Choose your Agent ID: _____ Choose your Password: _____ <small>(Up to Twelve (12) characters and/or numbers) (Up to Nine (9) characters and/or numbers)</small> _____ / _____ / _____ Secondary Applicants Signature Date
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Secondary Members Information	First Name _____ Middle Initial _____ Last Name _____ Home Address _____ City _____ State _____ Zip Code (+ Four) _____ - _____ Home Phone _____ - _____ - _____ Home Fax _____ - _____ - _____ Cell Phone _____ - _____ - _____ Email: _____ Please send invoice to my <input type="checkbox"/> Individual <input type="checkbox"/> Office Please place on NCAOR Roster: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Website Choose your Agent ID: _____ Choose your Password: _____ <small>(Up to Twelve (12) characters and/or numbers) (Up to Nine (9) characters and/or numbers)</small> _____ / _____ / _____ Secondary Applicants Signature Date
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NOTE: If there are additional secondary members, please print an additional second page

I understand that by checking this box, I have read and understood the following: <input type="checkbox"/>	I understand that I am not, nor is my company, eligible for Affiliate membership in NCAOR if I, or any member of my company, holds an active real estate license issued by the State of California if such license is used for other than actions which are incidental to the business' main purpose. I hereby certify the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I acknowledge that dues and fees are non-refundable.
	I declare under penalty of perjury that the information given in this application is true and correct. _____ / _____ / _____ Primary Applicants Signature Date

Nevada County Association of REALTORS

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 Grass Valley, CA 95945
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 Fax: (530) 272-2646