

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 send my mail to my <input type="checkbox"/> Home <input type="checkbox"/> Office Please place on NCAR 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
1	

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 send my mail to my <input type="checkbox"/> Home <input type="checkbox"/> Office Please place on NCAR 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

<p>I understand that by checking this box, I have read and understood the following: <input type="checkbox"/></p>	<p>I understand that I am not, nor is my company, eligible for Affiliate membership in NCAR 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.</p> <p>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.</p> <p>I acknowledge that dues and fees are non-refundable.</p>
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	<p>I declare under penalty of perjury that the information given in this application is true and correct.</p> <p>_____ / _____ / _____ Primary Applicants Signature Date</p>
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For Staff Use Only
Member No: _____ Office No: _____

For Staff Use Only
NCAR Staff Verification: _____ Input Date: _____

Please remit completed form to:
 membership@nevadacountyar.com
 Contact the NCAR office staff at (530) 272-2627 with any questions.