



# 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:** For new Affiliate members, company membership is prorated starting at \$200 per year for Primary Membership and \$100 (not-prorated) per each Secondary Memberships. The Primary Member, who is responsible for appointing Secondary Members to represent the Company and to notify NCAR 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.

Primary Affiliate Members	\$200.00	\$183.33	\$166.67	\$150.00	\$133.33	\$116.67	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
Secondary Affiliate Members	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00

<b>Applicant Information (Primary Contact)</b>	First Name _____ Middle Initial _____ Last Name _____
	Home Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____
	Home Phone _____ - _____ - _____ Home Fax _____ - _____ - _____
	Cell Phone _____ - _____ - _____ Email: _____
	<b>Please send invoice to my</b> <input type="checkbox"/> Individual <input type="checkbox"/> Office <b>Please send my mail to my</b> <input type="checkbox"/> Home <input type="checkbox"/> Office
	<b>Please place on NCAR Roster:</b> <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>	

<b>Office Information</b>	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>	



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<b>Secondary Members Information</b>          <b>1</b>	First Name _____ Middle Initial _____ Last Name _____
	Home Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____
	Home Phone _____ - _____ - _____ Home Fax _____ - _____ - _____
	Cell Phone _____ - _____ - _____ Email: _____
	<b>Please send invoice to my</b> <input type="checkbox"/> Individual <input type="checkbox"/> Office <b>Please send my mail to my</b> <input type="checkbox"/> Home <input type="checkbox"/> Office <b>Please place on NCAR Roster:</b> <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Website
Choose your Agent ID: _____ (Up to Twelve (12) characters and/or numbers)	
Choose your Password: _____ (Up to Nine (9) characters and/or numbers)	
_____ / _____ / _____	
Secondary Applicants Signature	Date

<b>Secondary Members Information</b>          <b>2</b>	First Name _____ Middle Initial _____ Last Name _____
	Home Address _____
	City _____ State _____ Zip Code (+ Four) _____ - _____
	Home Phone _____ - _____ - _____ Home Fax _____ - _____ - _____
	Cell Phone _____ - _____ - _____ Email: _____
	<b>Please send invoice to my</b> <input type="checkbox"/> Individual <input type="checkbox"/> Office <b>Please send my mail to my</b> <input type="checkbox"/> Home <input type="checkbox"/> Office <b>Please place on NCAR Roster:</b> <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Website
Choose your Agent ID: _____ (Up to Twelve (12) characters and/or numbers)	
Choose your Password: _____ (Up to Nine (9) characters and/or numbers)	
_____ / _____ / _____	
Secondary Applicants Signature	Date

**NOTE: If there are additional secondary members, please print an additional second page**

<b>I understand that by checking this box, I have read and understood the following:</b> <input type="checkbox"/>	<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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<b>I declare under penalty of perjury that the information given in this application is true and correct.</b>	
_____ / _____ / _____	_____ / _____ / _____
Primary Applicants Signature	Date

<b>For Staff Use Only</b>
Member No: _____ Office No: _____

<b>For Staff Use Only</b>
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.