



AFFILIATE APPLICATION FOR MEMBERSHIP

****Please let us know if you or your office is already a member of the Texas Association of REALTORS® Or with another REALTOR® Association or Board.**

Classification of membership desired (see back page for description):

FIRM INFORMATION:

Affiliate (AFF) _____ Associate Affiliate (AF2) _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Is this the PREFERRED Mailing Address: Yes No *(If No, please fill out below)*

PREFERRED Mailing Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Web Site: _____

Owner / Corporate Officer: (Listed as AFF and typically main invoiced)

First Name: _____ Last Name: _____

Position/Title: _____ Owner / Corporate Officers NRDS #: _____

INVOICING Email: _____

Representative for Firm: (FREE OF CHARGE AF2)

First Name: _____ Last Name: _____

Office Phone: _____ Office Fax: _____ Cell: _____

Email Address: _____

Position / Title: _____

Are you licensed in any other state? No Yes, what state? _____

Are you required to hold a real estate license to perform your business activities? _____

NRDS# _____

Billing Information:

Unless otherwise notified the INVOICING EMAIL Address listed above will receive all Invoice notifications

Associate Affiliates:

****(Each additional name will be billed \$25.00 annually for dues)***

Name E-mail Address Cell

Name E-mail Address Cell



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Membership Classifications

Affiliate: Affiliate members shall be real estate owners and other individuals of firms who, while not engaged in the real estate profession as defined as a REALTOR member, have interests requiring information concerning real estate, and are in support with the objectives of the Association. Affiliate members have been duly authorized by the firm to execute and submit this application, agree to be responsible for the payment of dues and other obligations to WCREALTORS for the firm and any other members of the firm who join WCREALTORS as Associate Affiliates; and the provisions of this paragraph are valid, binding and enforceable obligations of the firm.

Associate Affiliate: Associate Affiliate members shall be employees of or associated with Affiliate members and shall be employed by or associated with the same firm as the Affiliate member. The Affiliate member shall be a member in good standing of the Association in order for an Associate Affiliate member to apply for and maintain membership.

Applicant's Agreement

I agree to abide by the Constitution and Bylaws of the Williamson County Association of REALTORS®, to which this membership application is directed, of the National Association of REALTORS® of the United States with which it is affiliated, and of the Texas Association of REALTORS®. A remittance of \$_____ representing my membership dues in the affiliated association(s) and the application fee of \$_____ accompanies this application. I understand dues payments are deductible by members as ordinary and necessary business expenses. I agree to provide to the staff any information relating to this application. The forgoing facts and statements are true to the best of my knowledge and belief. I am aware that I am not entitled to vote nor hold an elective office in the Association. As an Affiliate Applicant, I am aware that this membership is in my name and I am the designated representative for the company. I acknowledge a portion of the dues pays for an annual subscription to the Texas REALTOR® Magazine. I hereby represent and warrant to the Board of Directors of the Williamson County Association of REALTORS® that I am not engaged in real estate brokerage activities.

Signature of Applicant/Representative

Date

Signature of Primary Affiliate (if Associate Application)

Date

**Any questions regarding this application
Please contact the Membership Department
Ph: 512-255-6211**



REALTOR® is a registered collective membership mark which may be used only by real estate professionals who are members of the NATIONAL ASSOCIATION OF REALTORS® and subscribe to its strict Code of Ethics.

FOR OFFICE USE ONLY: NRDS #: 83100 _____ or _____	
Amt. Rec. _____	
Check #: _____	Paid by AMEX, Discover, MasterCard or Visa