



SCOTTSDALE AREA ASSOCIATION OF REALTORS®
8600 E Anderson Dr, Suite 200, Scottsdale, AZ 85255
Phone: (480) 945-2651 – Fax: (480) 422-7945
info@ScottsdaleREALTORS.org

AFFILIATE APPLICATION

(ALL INFORMATION IS REQUIRED)

FOR SAAR OFFICE USE ONLY: NRDS # OFFICE NRDS #

Home Inspector License # (If Applicable)

1. APPLICANT'S PERSONAL INFORMATION (Please PRINT)

First Name Last Name MI

Preferred Mailing Information: Home Office Alternate Address

Home Address City / State Zip Code

Alternate Mailing Address City / State Zip Code

Preferred Phone: Cell Home Office

Date of Birth: / / Gender: Male Female

The information below will be displayed on our website: I do not want any information appearing on the website.

E-mail Address (REQUIRED) Company Website

Business Specialty Languages Spoken

Facebook: LinkedIn: Twitter: @ Google+:

2. APPLICANT'S COMPANY OFFICE INFORMATION (Must be filled out completely)

Company Office Name

Address Suite Number

City State Zip Code

(____) _____
Company Telephone Number

(____) _____
Company Fax Number

Please read the following:

With this application, I hereby apply for membership in the Scottsdale Area Association of REALTORS® and include my payment of \$_____, which I understand will be returned to me in the event my application is not accepted.

Affiliate representatives will have their name, company name and business address, phone and FAX number, etc., listed on the Internet on the SAAR Web site, www.ScottsdaleREALTORS.org. Representatives will receive all SAAR communications. All representatives may attend the REALTOR® Marketing Sessions, distribute company literature, and serve on Association committees and task forces.

I CERTIFY THE INFORMATION SUPPLIED ON THIS APPLICATION IS CORRECT AND THAT I HAVE READ AND ACCEPT ALL THE CONDITIONS OF MEMBERSHIP DESCRIBED ON THE FRONT SIDE OF THIS APPLICATION.

(Affiliate Membership Dues Waiver: If an Affiliate member's dues are paid by their corporation, and the Dues Waiver form is applied by said company, the said Affiliate will not be able to transfer paid dues to the new company, nor will they be entitled to a refund. Within the membership term for which it paid SAAR dues, the Affiliate Company may bring on a new employee and designate that individual as a replacement for the previous paid Affiliate Employee. (The new employee must pay the \$75.00 dollar application fee.)

(APPLICANT'S SIGNATURE)

(DATE)

Affiliate Dues Schedule

	<u>Application Fee</u>	<u>Scottsdale Dues</u>	<u>Total</u>
1/01 to 12/31	\$75.00	\$150.00	\$225.00
4/01 to 12/31	\$75.00	\$112.50	\$187.50
7/01 to 12/31	\$75.00	\$ 75.00	\$150.00
10/1 to 12/31	\$75.00	\$ 37.50	\$112.50

Individual – This is an individual membership. If I leave my company I will fill out an AFFILIATE CHANGE FORM and my membership and fees will stay with me when I move to my new company.

Corporate – My company is paying for my membership. If I leave my company I am no longer a SAAR member, and my company may bring on a new employee and designate them as my replacement (they must pay the \$75 application fee).

Name: _____

Company Name: _____

Address: _____

City/State/Zip _____ Phone _____

Please Charge \$ _____ to my: MC Visa Discover AMEX Chk Enclosed

Card Number _____ Exp. Date ____/____/____

Signature (required) _____