

## Affiliate Membership Application

PLEASE NOTE: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

**Individual Affiliate:** affiliate membership for one individual, non-transferrable.

**Corporate Affiliate:** affiliate membership held by the company for up to three individuals, transferrable within the company.

### Company Information

\_\_\_\_\_  
Company Name Office Phone

\_\_\_\_\_  
Company Address Suite # City State Zip Code

\_\_\_\_\_  
Type of business (required for website listing) www.  
website

### Individual Affiliate / Corporate Member #1

\_\_\_\_\_  
Title First Name MI Last Name Nickname

\_\_\_\_\_  
Home Address Suite # City State Zip Code

\_\_\_\_\_  
Preferred E-Mail Billing Email Birthday (year optional)

\_\_\_\_\_  
Cell Phone Number Direct Phone Number

### Corporate Affiliate Member #2

\_\_\_\_\_  
Title First Name MI Last Name Nickname

\_\_\_\_\_  
Home Address Suite # City State Zip Code

\_\_\_\_\_  
Preferred E-Mail Birthday (year optional)

\_\_\_\_\_  
Cell Phone Number Direct Phone Number

## Corporate Affiliate Member #3

<i>Title</i>	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Nickname</i>
<i>Home Address</i>		<i>Suite #</i>	<i>City</i>	<i>State</i>
<i>Zip Code</i>				
<i>Preferred E-Mail</i>			<i>Birthday (year optional)</i>	
<i>Cell Phone Number</i>		<i>Direct Phone Number</i>		

### SentriLock Services

GCAAR offers affiliate members\* the option to obtain limited SentriLock services.

*Please note: There is a service fee that needs to be paid to SentriLock when setting up access. There is an annual service fee to maintain access.*

*\*Affiliate member types who may obtain SentriLock services are appraisers, home inspectors, pest control specialists, property management licensees and radon specialists.*

Will you need SentriLock services?

Individual Affiliate / Corporate Member #1	YES	NO
Corporate Member #2	YES	NO
Corporate Member #3	YES	NO

### Certification

I hereby certify that 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 further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds shall be extended, however corporate affiliate memberships can be transferred to individuals within the same company.

I irrevocably waive all claims against the association or any employees, officers, directors or members for any act or omission in connection with the business of the association, including the interpretation and/or application of the Bylaws, Policies and Procedures of the association and the acceptance of or failure to accept, advance, suspend, expel or discipline me as a member of the association.

I understand that the Greater Capital Area Association of REALTORS® may terminate my membership if this application contains misrepresentations or I fail or refuse to comply with the conditions of membership as stated in the Bylaws, Policies and Procedures and Regulations of this association. I also understand GCAAR's Forms Library is to be utilized by Attorney Affiliates solely when they are working on transactions involving REALTORS®. Further I agree that if I resign or am terminated from membership with any outstanding dues and fees, the Board of Directors may condition renewal or reinstatement of membership upon my payment of said fees.

By signing below, I consent that the Association may contact me at the specified address, telephone numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

**Application by**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name Printed*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Company Name*

