

REALTOR® REFERENCES

Name: _____ Company: _____

Phone: _____ e-mail: _____

Name: _____ Company: _____

Phone _____ e-mail: _____

GENERAL TERMS AND CONDITIONS

Authorization and certification. As an applicant for membership to the Pacific Southwest Association of REALTORS®, I certify that the answers I have given are true and correct. I authorize the Association through its representatives to make such investigations through recognized channels as may be considered advisable to verify the statements herein made by me. I waive any legal claim or cause of action against the Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

No refund. I understand that Association membership dues are NON-REFUNDABLE. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues.

Applicant's Initials

Permission to communicate. By signing this application, I authorize the Association, (including local, state and national) or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. Mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered by the Association.

I agree to honor all charges made with the Association regardless of my Company Affiliation. I agree to pay the established fees as long as I remain a member of this Association and understand that the present fees are:

Primary Affiliate Membership

One time Enrollment fee of \$75. plus Membership Dues of: \$ _____ (prorated monthly)

Secondary Affiliate Membership

One time Enrollment fee of \$50. plus Membership Dues of \$ _____ (prorated monthly)

Signature of Applicant _____ Date of Signature _____

FOR BOARD USE ONLY:

APPLICATION RECEIVED ON:

BY:

ASSIGNED FOR INVESTIGATION TO:

RECOMMENDATIONS:

MEMBERSHIP COMMITTEE ACTION:

DATE:

BOARD ACTION:

DATE: