

APPLICATION FOR *AFFILIATES* MEMBERSHIP

STEPHENVILLE ASSOCIATION OF REALTORS®

465 S. Graham St. Stephenville, TX 76401

254.965.4002

email address: saorboard@gmail.com

I hereby apply for an Affiliate membership in the above-named Association, of which my check in the amount of \$_____ is to be returned to me in the event I am not elected. In the event of my election, I agree to abide by its Constitution, By-Laws, Rules and Regulations and the Code of Ethics of the National Association of Realtors. I irrevocably waive all claims against the Board or any of its Officers, Directors or Members for anything in connection with the business of the Board, and particularly as to its or their acts in electing or failure to elect the advancing, suspending, polling or otherwise disciplining me as an applicant or as a member.

NAME OF APPLICANT: _____

TAX ID: _____

COMPANY NAME: _____

CONTACT: _____

OFFICE ADDRESS: _____

TELEPHONE: Office _____ Cell _____

EMAIL: _____

DO YOU HAVE A PRIMARY BOARD? _____ **IS COMPANY A CORPORATION?** _____
yes no yes no

Note: Please attach a photocopy of the Applicant's current driver's license.

This contract is subject to arbitration under the Texas General Arbitration Act.