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AFFILIATE APPLICATION FOR MEMBERSHIP

I HEREBY APPLY FOR AFFILIATE MEMBERSHIP WITH THE EAST VALLEY ASSOCIATION OF REALTORS®

I hereby submit the following information:

Name of Firm _____

Address of Corporation _____

Corp Ph# _____ Corp Fax# _____

1st Local Representatives Name _____

Local address of Representatives Office _____

Ph# _____ Fax# _____ Cell# _____

Email _____

2nd Representatives Name _____

Ph# _____ Fax# _____ Cell# _____

Email _____

Application fee of \$100.00 annually for two representatives per office. This amount will be pro-rated quarterly.
*(Additional representative cost of \$30.00 per rep., and list names/phone # on separate paper attached to application.)

I agree to pay the established fees for this current year and know my company will be billed annually at the local dues rate. If not paid by Feb 1st the company will be removed from the East Valley Association of REALTORS® affiliate roster .

I understand there are no refunds to this membership and that my membership allows me to network with REALTORS® and have access to a member roster to further my business and volunteer at meetings and special events.

Signed _____ Today's date _____

Signed _____ Today's date _____

Officer's/Owner Name

Office Name

I want to be a member of California Association of REALTORS® fee is included _____ initial here