



## Application For Affiliate

To the Elko County Association of REALTORS®,

I hereby submit my application for Affiliate Membership in the above named Association and am enclosing a payment for all accompanying fees and dues in the amount of \$\_\_500.00\_\_, which includes the (1st year of dues), for the Elko County Association of REALTORS®. I irrevocably waive all claims against the Association or any of its officers, directors or members for any act in connection with the business of the Association. Particularly as to its acts in electing or failure to elect, advancing, suspending, expelling, and otherwise disciplining me as a member. Upon the termination of said membership for any cause, I will return to the Association all certificates, signs, seals or other indications of membership in the Elko County Association of REALTORS® and the Nevada Association of REALTORS®.

I submit the following information for your consideration:

Legal Name:

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Residence Address:

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Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Office Name:

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Office Address:

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Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Elko County Association of Realtors • 557 W. Silver St. Ste. 201A • Elko, NV 89801 • (775) 738-2395 •

[ecar@frontiernet.net](mailto:ecar@frontiernet.net)

Revised 9-26-18

Title/Position: \_\_\_\_\_



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\_\_\_\_\_ I agree to pay the established fees as long as I remain an Affiliate Member of the Elko County Association of REALTORS®

Upon signing below, you are ensuring that all given information is accurate and complete.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## Application For Affiliate

How long with the above firm? \_\_\_\_\_

Preferred Mailing:  Home  Office Preferred Phone:  Cell  Home

Type of affiliate:

- Appraiser  Lender  Banker  
 Other: \_\_\_\_\_

\_\_\_\_\_ I agree to pay the established fees as long as I remain an Affiliate Member of the Elko County Association of REALTORS®

Upon signing below, you are ensuring that all given information is accurate and complete.

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Signature

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Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date



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### REFERENCES:

List four references, preferably local REALTORS®. Members of your own firm or Membership Committee will not be accepted. If out-of-area references, please provide addresses.

	<u>Name</u>	<u>Business</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____