## **BERKELEY ASSOCIATION OF REALTORS®**

1553 Martin Luther King Jr., Way Berkeley, CA 94709

## **Application for Affiliate Membership**

1.	I apply for the follo	win	g c	ateg	gory	of	me	eml	bersł	nip:		[	] /	Affili	ate	: [	] /	Affilia	ate A	ssoc	iate
2.	Last Name:																				
3.	First Name:																				
4.	Nickname:																				
5.	Office Name:																				
6.	Office Address:								(str	eet)											
										,											
								(ci	ty, st	ate,	zip)										
7.	Check whether:	[		] Ir	ndiv	idu	al/I	Firr	n Re	pres	enta	tive		[	]	Part	ners	hip			
		[		] D	BA									[	]	Corp	orat	tion			
8.	List all DBA's:																				
9.	Office Phone:	(			)			(ge	neral	num	ıber)										
								,,,			ŕ										
						(yc	ur	dire	ect lin	e or	exte	nsior	1)								
10.	Office Fax:	(			)																
11.	Home Address:																				
									(str	eet)											
								(ci	ty, st	ate,	zip)					-					
12.	Home Phone:	(			)																
13.	Home Fax:	(			)																
14.	Cell Phone:	(			)																
15.	Pager:	(			)																
16.	Preferred Phone:	[	]	Offi	ce	[	]	Of	fice	Dire	ct [	]	Но	me	[	]	Cell	[	] P	ager	
17.	Preferred Fax:	[	]	Offi	ce	[	]	Н	me												
18.	Preferred Mail:	[	]	Offi	ce	[	]	Но	me												

19. <b>Gender:</b> [ ] Male [ ] Female									
20. Social Security Number: XXX-XX- (last 4 digits only)	-								
21. <b>E-Mail:</b>									
22. <b>Web Page:</b>									
23. Partners, Associates, Officers (if a corporation, give names of	senior officers first):								
24. I (do / do not) hold a California Real Estate License.	Initial								
25. I (do / do not) hold a California Appraisers License or certificationInitial									
26. If licensed, fill in your  Dept. of Real Estate (DRE) License #:									
27. Explain status if licensed:									
28. In which association activities would you like to participate? (Che	ck all that apply)								
[ ] Committees [ ] Social Ex	vents								
[ ] Seminar Sponsor [ ] Lunch S	ponsor								
[ ] Other(s)(specify)									
Enclosed is my check or credit card payment for fees. The paid amount is of non-election. I irrevocably waive all claims against the Association or a members for any act in connection with the business of the Association, a acts in electing or failure to elect, advancing, suspending, expelling or oth member. Upon the expiration of said membership for any cause, I will recertificates, signs, seals or other indications of membership in Association organizations.	any of its officers, directors or nd particularly as to its or their erwise disciplining me as a turn to the Association all								
AUTHORIZATION AND CERTIFICATION	DN								
As an applicant for membership in the within named Association, I certify application are true and correct, and I authorize said Association through investigations through recognized credit or other channels as may be constatements here in made by me.	its representatives to make such								
(Signature of Applicant) (Date of Signature)									
FOR OFFICE USE ONLY									
1. Local Join Date: (month) (day) / (year)									
<ol> <li>Name of Affiliate this new member is replacing:</li> <li>Existing Member Number:</li> </ol>									
5. Existing Fiction Humber									