

**Designated Affiliate Application For Membership  
El Dorado County Association Of REALTORS Inc.®**

I hereby apply for Designated Affiliate Membership in the El Dorado County Association of Realtors, enclosing my check for fees in the amount of \$ \_\_\_\_\_ which amount is to be returned to me in the event of non-election. 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 and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as a member. Upon the expiration of said membership for any cause, I will return to the Association all certificates, signs, seals, or any other indication of membership in the Association.

\_\_\_\_\_ (initial)

I hereby understand that Designated Affiliate membership in the El Dorado County Association Of Realtors is available only to individuals who are employed by or associated with a designated affiliate member of the Association.

\_\_\_\_\_ (initial)

I hereby understand that this Affiliate Associate Membership in the El Dorado County Association Of Realtors shall remain with the party that paid for it. \_\_\_\_\_ (Designated Affiliates Initials)

Full Name: \_\_\_\_\_

Name Of Firm: \_\_\_\_\_

Address Of Firm: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Firm Phone Number: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_

Firm Fax Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ To appear in Roster? Yes \_\_\_ No \_\_\_

Is this A DBA \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

My title or position with this Firm is: \_\_\_\_\_

I do / do not hold a California Real Restate License. Real Estate License Number: \_\_\_\_\_

I do / do not hold a Contractor's License. Contractors License Number \_\_\_\_\_

Partners, Associates, Officers: \_\_\_\_\_

You are authorized to refer to the following REALTORS who know me:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone # \_\_\_\_\_

The present fees are:

EDCAR Entrance Fee \$ \_\_\_\_\_ + Membership Dues \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

Signature of Designated Applicant: \_\_\_\_\_ Date: \_\_\_\_\_