

**APPLICATION FOR AFFILIATE MEMBERSHIP  
PISMO COAST ASSOCIATION OF REALTORS®  
1356 Longbranch, Grover Beach, CA 93433**

(Revised 3/1/09)

**(805) 489-7303-OFFICE**

**(805) 489-6594 – FAX**

[doll@pismocoastrealtors.com](mailto:doll@pismocoastrealtors.com)

I hereby apply for Affiliate membership in the Pismo Coast Association of REALTORS®, enclosing my check for this year's fees in the amount of \$ \_\_\_\_\_ (total is prorated on a monthly basis), 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, staff or members for any act in connection with the business of the Association, and particularly as to its acts or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an Affiliate member.

**I HEREBY SUBMIT THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION:**

Name of Firm \_\_\_\_\_

Check whether..... INDIVIDUAL \_\_, DBA \_\_, PARTNERSHIP \_\_, CORPORATION \_\_

Local office address \_\_\_\_\_ REP NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
CELL \_\_\_\_\_

Main office address \_\_\_\_\_ REP NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Name of party completing app \_\_\_\_\_ Position of party completing app \_\_\_\_\_

Office location of party completing application \_\_\_\_\_

A member of the governing body of this firm Does \_\_, Does not \_\_, hold a valid California Real Estate Broker license. If so, license number is \_\_\_\_\_

**ROSTER INFORMATION**

Local office rep name as it should appear on roster \_\_\_\_\_ Phone \_\_\_\_\_  
Email: \_\_\_\_\_

Additional rep name you wish to appear on roster \_\_\_\_\_ Phone \_\_\_\_\_  
Email: \_\_\_\_\_

**GENERAL INFORMATION**

I Am \_\_, Am not \_\_, interested in volunteering time to serve on local Association of REALTORS® Committees.

I understand that I am entitled to attend Association meetings, functions and events, and to distribute information regarding my company.

I understand that I am **not** entitled to have in my possession current MLS confidential property listing information (by means of computer or otherwise), and that only a licensed participant of the MLS is entitled to this information

I understand that I am **not** entitled to obtain a participant's MLS computer id/password, nor their MLS lockbox key.

I agree to abide by the Association Bylaws, as may from time to time be amended.

By signing below, I expressly authorize the Association, their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association.

**I declare that the information given in this application is true and correct.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_