



Individual Affiliate Application



MISSION • VISION • VALUES

BENEFITS OF JOINING...

NETWORKING

- Weekly marketing meetings
- Committee involvement
- Annual events

COMMUNICATION

- Weekly e-mailed News & Views
- Your company information on our public online roster
- Monthly market statistics

SPONSORSHIP OPPORTUNITIES

- Exclusive access to sponsor PCAR events
 - Weekly marketing meetings (75+ attendees)
 - Annual events (200+ attendees)

PLUS...

- Group Health Benefits

PCAR Staff Use Only

Member # _____

NRDS # _____

Welcome E-Mail Date: _____

Ambassador Assigned: _____

APPLICATION

1. First Name: _____ Last Name: _____

2. Nick Name: _____

3. Office Name: _____

4. Office Address: _____
(street) (city) (state) (zip)

5. Office Phone: _____ Office Fax: _____

6. Home Address: _____
(street) (city) (state) (zip)

7. Which do you prefer as your primary mailing address? Office Home

8. Home Phone: _____ Cell Phone: _____

9. Which do you prefer as your primary phone number? Office Home Cell

10. E-Mail Address: _____

11. Web Page Address: _____

12. Social Media Handles (These will create links to your social media pages in our online roster):

Facebook: _____ Instagram: _____

LinkedIn: _____ Twitter: _____

TERMS & CONDITIONS OF MEMBERSHIP

13. BYLAWS, POLICIES AND RULES. I agree to abide by the bylaws, policies and rules of the Association; including but not limited to:

a. I certify that I am not engaged in the brokerage or appraisal of real property and do not qualify for a REALTOR membership pursuant to Article V, Section 2 of the Bylaws.

b. I understand that an Individual Affiliate Membership is owned by me and not the company I work for. If I leave or transfer to another company, the membership will follow me.

c. I understand that an Individual Affiliate Membership is not transferrable to another individual.

d. I understand that I am responsible for notifying PCAR of any changes to my company affiliation, status, email, address or phone number.

e. I agree that should I cease to be a member, I will cease participating in the Association, including but not limited to, meetings and committees and shall discontinue the use of the term Affiliate in all certificates, signs, seals or any other medium.

f. I understand that all Association dues/fees are payable in advance and that I am responsible for payment. Further, I understand that non-payment will result in termination of membership.

INITIAL _____

14. NO REFUND. I understand that my Association membership dues are non-refundable. In the event I fail to maintain eligibility for membership or choose to terminate membership for any reason, I

understand I will not be entitled to a refund of any portion of my dues/fees. **INITIAL** _____

15. AUTHORIZATION TO RELEASE AND USE INFORMATION; WAIVER. I authorize PCAR or its representatives to verify any information provided by me in this application by any method including contacting any Association of REALTORS® where I hold or continue to hold any type of membership, the CalBRE, OREA, current or past brokers (if applicable), participants, salespersons, subscribers or business associates. I further authorize any Association of REALTORS® in which I have been a member or any of these entities listed to release all membership information to PCAR or its representatives. **INITIAL** _____

16. AMBASSADOR PROGRAM. PCAR has Ambassadors ready to help you get the most out of your membership. The Ambassador Program is designed to help you realize the maximum benefits of your membership by identifying the best areas for you to get involved and by informing you of networking opportunities with fellow members.

It is customary practice of the Placer County Association of REALTORS® to not disseminate or share its members' contact information; therefore, if you would like to be contacted by an Ambassador within two weeks of joining the Association, please initial. **INITIAL** _____ (optional)

By signing below, I also expressly authorize the Association, including the local, state and national or 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 certify that I have read and agree to the terms and conditions of this application and that all the information given in this application is true and correct.

Signature of Applicant _____ **Date** _____

PAYMENT AUTHORIZATION FORM

New Member Fee Schedule:

Month	Processing (One Time)	PCAR (Annually in July) (Prorated Quarterly)	Total
January, February, March	\$80	\$99.50	\$179.50
April, May, June	\$80	\$49.75	\$129.75
July, August, September	\$80	\$199.00	\$279.00
October, November, December	\$80	\$149.25	\$229.25

Payment Information:

Please process my application on _____ and I agree to pay \$_____.
(date)

Check (payable to PCAR) Cash Credit Card:

Card # _____ Exp. Date: _____

Authorized Signature _____

This document will be destroyed after processing

Return complete Application to Natalie Denney- Fax: (916) 660-5263 or E-Mail: natalie@pcaor.com
