

CORPORATE AFFILIATE APPLICATION 2021

Individually we make a difference.

TOGETHER WE ARE

 **PCAR
STRONG**

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)
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PLUS...

- Group Health Benefits
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APPLICATION

PCAR Staff Use Only
Member # _____
NRDS # _____
Welcome E-Mail Date: _____
Ambassador Assigned: _____

1. **Company Information** (all mail and bills will be sent to this address):

Company Name: _____

Street Address: _____
(street) (city) (state) (zip)

Mailing Address: _____
(street) (city) (state) (zip)

Company Phone: _____ Company Fax: _____

2. **Primary Contact's Personal Information** (This person is responsible for any payment and changes to this membership):

Last Name: _____ First Name: _____

Nick Name: _____

E-Mail: _____

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

Home Phone: _____ Cell Phone: _____

Preferences: Phone: Office Home Cell E-Mail: Business Personal

Web Page Address: _____

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

Facebook: _____ Instagram: _____

LinkedIn: _____ Twitter: _____

3. **Corporate Employee Personal Information** (up to four employees with Basic membership, ask for pricing thereafter)

Employee #1:

Last Name: _____ First Name: _____

Nick Name: _____

E-Mail: _____

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

Home Phone: _____ Cell Phone: _____

Preferences: Phone: Office Home Cell E-Mail: Business Personal

Web Page Address: _____

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

Facebook: _____ Instagram: _____

LinkedIn: _____ Twitter: _____

Employee #2:

Last Name: _____ First Name: _____
Nick Name: _____
E-Mail: _____
Home Address: _____
(street) (city) (state) (zip)
Home Phone: _____ Cell Phone: _____
Preferences: Phone: Office Home Cell E-Mail: Business Personal
Web Page Address: _____
Social Media Handles (These will create links to your social media pages on our online roster):
Facebook: _____ Instagram: _____
LinkedIn: _____ Twitter: _____

Employee #3:

Last Name: _____ First Name: _____
Nick Name: _____
E-Mail: _____
Home Address: _____
(street) (city) (state) (zip)
Home Phone: _____ Cell Phone: _____
Preferences: Phone: Office Home Cell E-Mail: Business Personal
Web Page Address: _____
Social Media Handles (These will create links to your social media pages on our online roster):
Facebook: _____ Instagram: _____
LinkedIn: _____ Twitter: _____

Employee #4:

Last Name: _____ First Name: _____
Nick Name: _____
E-Mail: _____
Home Address: _____
(street) (city) (state) (zip)
Home Phone: _____ Cell Phone: _____
Preferences: Phone: Office Home Cell E-Mail: Business Personal
Web Page Address: _____
Social Media Handles (These will create links to your social media pages on our online roster):
Facebook: _____ Instagram: _____
LinkedIn: _____ Twitter: _____

TERMS & CONDITIONS OF MEMBERSHIP

4. 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 my company is not engaged in the brokerage or appraisal of real property and none of the individuals joining qualify for a REALTOR® membership pursuant to Article V, Section 2 of the Bylaws.
- b. I understand that a Corporate Affiliate Membership is owned by the company listed on the application, not by the Primary Contact or any listed Corporate Employees.
- c. I understand that the Primary Contact listed is the responsible party for the Corporate Affiliate Membership.
- d. I understand that the Primary Contact and Corporate Employees can be changed.
- e. I understand that the Primary Contact is responsible for notifying PCAR of any changes to the company affiliation, primary contact, corporate employees, status, e-mails, phone numbers, fax numbers or address.
- f. I agree that should the company cease to be a member, the Primary Contact and all Corporate Employees will cease participating in the Association, including but not limited to, meetings, committees and events and shall discontinue the use of the term Affiliate in all certificates, signs, seals or any other medium.
- g. I understand that all Association dues/fees are payable in advance and that the Primary Contact is responsible for payment. Further, I understand that non-payment will result in termination of membership.

INITIAL _____

5. 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 cancel membership for any reason, I understand I will not be entitled to a refund of any portion of my dues/fees. **INITIAL** _____

6. 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 CalDRE, 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** _____

7. 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 Primary Contact _____ **Date** _____

PAYMENT AUTHORIZATION FORM

Basic Membership (Covers up to 5 Individuals*)

Month	Processing (One Time)	PCAR (Annually in July) (Prorated Quarterly)	<u>Total</u>
January, February, March	\$80	\$250	\$330
April, May, June	\$80	\$125	\$205
July, August, September	\$80	\$500	\$580
October, November, December	\$80	\$375	\$455

*Each additional individual is \$125/year

Premier Membership (Covers 10-20 Individuals)

Month	Processing (One Time)	PCAR (Annually in July) (Prorated Quarterly)	<u>Total</u>
January, February, March	\$80	\$500	\$580
April, May, June	\$80	\$250	\$330
July, August, September	\$80	\$1000	\$1080
October, November, December	\$80	\$750	\$830

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