



5830 W. Paltaire, Glendale AZ 85301 623-931-9294 Fax 623-931-1008

West Maricopa County Regional Association of REALTORS® MEMBERSHIP APPLICATION

2 - sided

Applying for (circle one): **Affiliate** **Affiliate with key**

Have you ever been a member of any other REALTOR Association: YES NO

For office use ONLY:
Joined by: _____
MLS by: _____
Access by: _____
Quick Books by: _____
Date: _____

If yes, name the association: _____

Print Name: _____ Signature: _____
Last Name First Name

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Email: _____

Home Phone: _____ Preferred Phone: _____

Cell Phone: _____ Preferred Fax: _____

Office Name: _____ Office ID: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

TO BE FILLED OUT BY THE BOARD OFFICE

Key only status: _____ Affiliate MLS ID: _____

Payment Amount: Dues:\$ _____ Application fee:\$40.00 RPAC:\$ _____ Total: _____

Payment Type: Charge Check# _____ Cash _____

Credit Card: _____ Exp: _____
V M A D

I Authorize this charge _____ Date: _____

**West Maricopa County Regional Association of
AFFILIATE AGREEMENT**

*** Please read the following information and sign this form. Please ask any questions before signing to ensure your complete understanding. ***

I agree to abide by the constitution, Bylaws, Rules and Regulations of WeMAR, AAR and NAR.

I further agree to abide by and adhere to any future additions, alterations, amendments and repeals or revisions of the Constitution, Articles of Incorporation, Bylaws, rules, regulations, and policy of any of the aforementioned organizations which may hereafter be adopted should I continue my membership.

I also agree to pay all fees as from time to time are established. I further understand and agree that my dues shall include such amount as established *annually* by the Board of Directors. **I also understand that my payment of dues is nonrefundable.**

I hereby certify that the foregoing information provided by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership. By signing below I consent that WeMAR and their subsidiaries (MLS and Supra) may contact me at the specified address, telephone numbers, fax numbers, and other means of communication available.

Signature: _____ Date: _____

***NOTE: Dues paid to WeMAR are not deductible as charitable contributions for federal income tax purposes. Dues payment may, however, be deductible as an ordinary and necessary business expense. ***