



Affiliate | Affiliate with Key | Appraiser
MEMBERSHIP APPLICATION (2 pages)

Applying for: Affiliate Affiliate with Key Appraiser **License/Certificate Number** _____

Membership belongs to the individual and is not transferable.

Have you ever been a member of any other association of REALTORS®? Yes No

If yes, name of association: _____ **MLS ID:** _____ **NRDS #:** _____

Personal Information

 Last Name First Name Middle Name/Initial Signature

 Home Address City State Zip

 Mailing Address City State Zip

 Home Phone Cell Phone Preferred Phone: Home Office Cell

 Home Fax iFAX Preferred Fax: Home Office iFAX

 Email Website

 Date of Birth Male Female Languages You Speak

Office Information (Office addresses are displayed in the member directory online. Please do not list your home address)

Office Name _____ Office ID _____

Office Address _____ City _____ State _____ Zip _____

Office Phone _____ Office Fax _____ Office NRDS # _____

Business Type – Please circle one:

Appraisal • Banking • Education • Homebuilder • Home Improvement • Home Inspections • Home Warranty • Insurance • Maintenance & Repair • Marketing & Promotional Items • Media & Publications • Money & Investments • Mortgage • Printing • Property Management • Security • Sign & Post Service • Specialty • Staging • Tax & Financial • Technology • Termite & Pest Control • Title Agency • Other _____

Payment Information (payment applicable through December 31) (Dues, fees, and RAPAC contributions are non-refundable)

Payment Amount: Dues: \$ _____ Application Fee: \$50.00 RAPAC: \$ _____ Total: \$ _____

Payment Type: Credit Card: VISA | MasterCard | American Express | Discover | Check: # _____ \$ _____ | Cash not accepted

Log into your wemar.org account and pay dues online or contact membership at 623.931.9294 with credit card information

Billing Address: _____ City _____ State _____ Zip _____

Name on Card _____ Signature _____ Date _____

Key Only Status: _____	MLS ID: _____	NRDS #: _____
For office use ONLY: Joined by: _____ Date: _____ MLS by: _____ NRDS: _____		
Website by: _____ Website Login: _____ Invoice Created by: _____ Payment Recorded by: _____ Quick Books by: _____		

West Maricopa Association of REALTORS®
AFFILIATE | AFFILIATE WITH KEY | APPRAISER 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, Arizona Association of REALTORS® and National Association of REALTORS®.

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, application fee, and RAPAC contribution is non-refundable.**

Membership is based on the term of calendar year, with dues paid by every January 1. I understand that affiliate membership belongs to the joining individual, and is not a company membership. Membership is not transferable.

I acknowledge that if I am accepted as a Member and subsequently resign from WeMAR with an ethics complaint or arbitration request pending, the Board of Directors may condition my right of resigning for membership upon my verification that I will submit the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel. If I resign without having complied with the award in the arbitration the Board of Directors may condition any reapplication pending my promise to pay the award, plus any costs that have been previously established as due and payable, provided that the award has not, in the meanwhile, been otherwise satisfied.

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 ARMLS Support Center) may contact me at the specified address, telephone numbers, fax numbers, and other means of communication available.

Name	Signature	Date
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***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. RAPAC contributions are voluntary and may not be deducted.

Contributions are not deductible for Federal income tax purposes. Contributions to RAPAC are voluntary and are used for political purposes. You may contribute more or less than the amount suggested or refuse to contribute without affecting your membership rights. 70% of each contribution is used by your state PAC to support state and local political candidates. The remaining 30% is provided to National PAC and is charged against your limits under 2 U.S.C. 441a.