

Oakland Association of REALTORS®  
1528 Webster St., Oakland, CA 94612  
Phone 510 836-3000 - Fax 510 272-0661  
www.oar.org

**AFFILIATE MEMBERSHIP APPLICATION (2 PAGES)**

GENERAL INFORMATION

1. Name: \_\_\_\_\_

2. Nickname: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_

4. Firm Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

5. Your Direct Office Phone #: \_\_\_\_\_ YOUR Office Fax #: \_\_\_\_\_

6. List all others dba's: \_\_\_\_\_  
\_\_\_\_\_

7. Home Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

8. Home Telephone Number: \_\_\_\_\_ Home Fax Number: \_\_\_\_\_

9. Which do you want as the primary mailing address? [ ] **Firm** [ ] **Home**

10. Cell Phone Number: \_\_\_\_\_

11. E-Mail Address: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS OF MEMBERSHIP**

1. Affiliate membership is designed as a networking tool for people in businesses that conjunct with the real estate profession. They include but are not limited to: Title and mortgage companies, pest control, stagers, attorneys, insurance and general home improvement companies. Questions? Call the office to see if your business meets the requirement for affiliate membership.
2. **Bylaws, policies and rules.** I agree to abide by the bylaws, policies and rules of the Oakland Association of REALTORS that may from time to time be amended.
3. **No refund.** I understand that my Board/Association membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues.
4. **Authorization to release and use information: waiver.** I authorize the Board/Association or its representatives to verify any information provided by me in this application by any method.

**SIGNATURE**

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct.

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

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

**PAYMENT FOR AFFILIATE MEMBERSHIP**

Total payment enclosed for Membership \$\_\_\_\_\_ (call office for monthly prorated cost)

Check# \_\_\_\_\_ (sent by mail) or

Credit Card Holder's Name: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

I hereby authorize Oakland Association of REALTORS® to collect my credit card payment for my membership dues, as indicated above.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_