



ASSOCIATION OF REALTORS®

7901 Stoneridge Drive, Suite 150
Pleasanton, CA 94588
(925) 730-4079 Fax (925) 730-0246
1-800-773-3103
www.bayeast.org



APPLICATION FOR AFFILIATE MEMBERSHIP

In applying for Affiliate Membership in the Bay East Association of REALTORS® (Platinum Membership requires an additional application), I hereby submit the following information for consideration:

Corporate Firm Name: _____

Corporate Address: _____

Corporate Telephone: _____ Fax: _____

Type of Business: _____

In what category would you like to appear in roster **(Please mark only one):**

- | | | | |
|--|--|--|--|
| 1) <input type="checkbox"/> 1031 Exchanges | 6) <input type="checkbox"/> Government | 11) <input type="checkbox"/> Marketing Service | 16) <input type="checkbox"/> Property Management |
| 2) <input type="checkbox"/> Appraisal Services | 7) <input type="checkbox"/> Home Services | 12) <input type="checkbox"/> Media | 17) <input type="checkbox"/> Site Inspection |
| 3) <input type="checkbox"/> Business Services | 8) <input type="checkbox"/> Home Warranty | 13) <input type="checkbox"/> Miscellaneous | 18) <input type="checkbox"/> Title & Escrow |
| 4) <input type="checkbox"/> Contractor/Trades People | 9) <input type="checkbox"/> Insurance | 14) <input type="checkbox"/> Mortgage Lender | 19) <input type="checkbox"/> Web/Computer |
| 5) <input type="checkbox"/> Flooring | 10) <input type="checkbox"/> Interior Design | 15) <input type="checkbox"/> Moving & Storage | |

Main Contact's Name: _____

Main Contact's Home Address: _____

Home Telephone: _____ S.S. #: _____

Email: _____ Website: _____

Signature: _____ Date: _____

The cost of Membership includes two individual memberships. Please list as you wish their names to appear in the Membership Roster:

Name: _____ Email: _____

Name: _____ Email: _____

Please list additional individual members for this location on back. (Additional \$15 per individual)

AFFILIATE FEES/DUES (July thru June)		
	APPLICATION FEE	ANNUAL DUES
Office	\$25.00	\$120.00*
Additional members for this location (Not to include those listed above)	None	\$15.00

* The Membership fee is prorated quarterly. The \$15 cost for individual members is not prorated. Please call Member Services at (925) 730-4079 for prorated dues amount.

Check enclosed for \$ _____ Charge \$ _____ to my Visa MasterCard

Charge Card # _____ Exp. Date: _____

Verification Code (3 digit code on back of card): _____ Billing Zip code: _____

Name as it appears on Card: _____

Signature: _____ Date: _____

Mail Application to: Bay East Association of REALTORS®, 7901 Stoneridge Dr #150 Pleasanton, CA 94588
Or Fax Credit Card information to: (925) 730-0246

Additional Members

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____

Email _____
Email _____
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Email _____
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Email _____

Total Individual Memberships _____
X \$15.00
TOTAL \$ _____

FOR OFFICE USE ONLY

Processed by: _____ Date: _____
Firm #: _____ Member #: _____
Category: _____