

## **Affiliate Membership Application**

Date of Application:

Name			
First	Middle	Last	
Nickname	Gen	der: 🗆 M 🗖 F	
Office Name		Office ID	
Office Address	City, State, Zip		
Office Phone	Office Fax		
Home Address	City, State, Zip		
Home Phone	Cell Phone		
Date of Birth	Website		
Primary Email			
Please check preferred method	d of Communications: 🗆 E-m	nail 🗆 Mail - Home 🛛 Mail - Office	
Do you hold an active Real Esta	ate/Appraisers License? 🛛 Y	es 🗆 No License Number:	
Do you wish to obtain a Suprak If yes, please be aware that a backgro		along with a \$100.00 background check fee.	
Which other real estate associa	ations are you affiliated with		
Please indicate the services pr	ovided by your firm:		
<ul> <li>1031 Exchange Services</li> <li>Auto/Transportation</li> <li>Consulting</li> <li>Government Agency</li> <li>Insurance Provider</li> <li>Photography</li> <li>Publications/Media</li> <li>Wireless/Communications</li> </ul>	<ul> <li>Attorney/Legal</li> <li>Builder</li> <li>Décor/Home staging</li> <li>Handyman/Home Repairs</li> <li>Marketing/Promotions</li> <li>Printing/Mailing</li> <li>Recreation/Travel</li> <li>Other, Please specify:</li> </ul>	<ul> <li>Appraisal</li> <li>Closing Services</li> <li>Education</li> <li>Home Inspection Company</li> <li>Mortgage/Banking</li> <li>Property Management</li> <li>Title Company</li> </ul>	

I hereby apply for Affiliate Membership in the Saint Paul Area Association of REALTORS®. I agree to abide by the rules and regulations of the association as well as adhere to the association bylaws. Individuals who hold an active real estate license are precluded from becoming Affiliate Members.

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