



# Affiliate Membership Application

Date of Application: \_\_\_\_\_

Type of Membership:  Primary Affiliate  
 Secondary Affiliate (Company must already have an Affiliate Membership)

Name \_\_\_\_\_  
first MI Last

Nickname \_\_\_\_\_ Gender:  M  F SS# (last 4 digits only) \_\_\_\_\_

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 E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Please check preferred method of Communications:  E-mail  Mail - Home  Mail - Office

Do you hold an active Real Estate/Appraisers License?  Yes  No License Number: \_\_\_\_\_

Do you wish to obtain a SupraKey?  Yes  No  
If yes, please be aware that a background check release form is also required.

Which other real estate associations are you affiliated with? \_\_\_\_\_

Please indicate the services provided by your firm:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1031 Exchange Services  | <input type="checkbox"/> Attorney/Legal               | <input type="checkbox"/> Appraisal           |
| <input type="checkbox"/> Auto/Transportation     | <input type="checkbox"/> Builder                      | <input type="checkbox"/> Closing Services    |
| <input type="checkbox"/> Consulting              | <input type="checkbox"/> Décor/Home staging           | <input type="checkbox"/> Education           |
| <input type="checkbox"/> Government Agency       | <input type="checkbox"/> Handyman/Home Repairs        | <input type="checkbox"/> Inspection Compnay  |
| <input type="checkbox"/> Insurance Provider      | <input type="checkbox"/> Marketing/Promotions         | <input type="checkbox"/> Mortgage/Banking    |
| <input type="checkbox"/> Photography             | <input type="checkbox"/> Printing/Mailing             | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Publications/Media      | <input type="checkbox"/> Recreation/Travel            | <input type="checkbox"/> Title Compnay       |
| <input type="checkbox"/> Wireless/Communications | <input type="checkbox"/> Other, Please specify: _____ |  |

I herby 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 \_\_\_\_\_

### Staff Use Only

Date Received \_\_\_\_\_ Processed by \_\_\_\_\_ Member ID \_\_\_\_\_