



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 _____

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