



APPLICATION FOR AFFILIATE MEMBERSHIP

Instructions:

- **Email:** Complete, save, and email the form to info@wsgvar.com.
- **Mail:** Complete, print, mail the form to **WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776**
- **Fax:** Complete, print, fax the form to WSGVAR at **626-288-7658**

I hereby apply for Affiliate membership in the West San Gabriel Valley Association of REALTORS®. Enclosed is my payment for fees in the amount of \$_____ from line (4) in the Payment section below, which amount is to be returned to me in the event of non-election. I irrevocably waive all claims against the Association or any of its officers, directors or members for any act in connection with the business of Association, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling or otherwise disciplining me a member. Upon the expiration of said membership for any cause, I will return to the Association all certificates, signs, seals or other indication of membership in the Association and the California Association of REALTORS®.

TELL US ABOUT YOUR BUSINESS

I hereby submit the following information for your consideration:

Name of Firm: _____ Individual DBA Partnership Corporation

Address: _____

Phone #: _____ Fax#: _____

E-mail: _____ What category would you like to be listed under: _____

TELL US ABOUT YOURSELF

Name: _____ Title: _____

Hold a California Real Estate License? (Check): Yes No If YES, please explain: _____

Additional Representatives Name and Email: _____

PAYMENT

1. Initiation Fee: **\$75**
2. Membership Dues (choose **one** of the following fee from the table below): \$ _____
- Prorated Fees Schedule:

January – March	\$150.00
April – June	\$112.50
July – September	\$75.00
October – December	\$37.50

3. Additional Representatives, Partners, and/or Associates: \$ _____
- | | |
|--------------------|---------|
| January – March | \$75.00 |
| April – June | \$56.25 |
| July – September | \$37.50 |
| October – December | \$18.75 |
4. Total (add lines 1, 2, and 3): \$ _____

Applicant Signature: _____ **Date:** _____