

DESIGNATED AFFILIATE APPLICATION

El Dorado County Association of Realtors®

Full Name: _____

Name of Firm: _____

Firm Address: _____ City _____ ST _____ Zip _____

Office Phone: _____ Ext _____ FAX _____

Email Address: _____

Business Website: _____

Cell Phone: _____ To appear on Roster Yes _____ No _____

My position or title with the firm is: _____

I do / do not hold a CA Real Estate License. DRE license #: _____

Additional licenses held (i.e. Appraiser, Contractors, etc.) #: _____

Partner, Associates, Officers: _____

EDCAR is authorized to refer to the following REALTORS who know/do business with me:

Name: _____ Firm: _____ Phone: _____

Name: _____ Firm: _____ Phone: _____

Current fees are:

EDCAR application fee: \$ _____ + Membership dues # _____ = Total \$ _____

Signature of Designated Affiliate: _____ **Date:** _____

I hereby apply for Designated Affiliate Membership with the El Dorado County Association of Realtors®, accompanying my fees of \$ _____, which amount is to be refunded to me in 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 the Association and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling or otherwise discipline me as a member. Upon the expiration of said members for any cause, I will return to the Association all certificate signs, seals, or any indication of membership in the Association.

El Dorado County Association of Realtors®, 4096 Motherlode Dr, P.O. Box 627, Shingle Springs, CA 95682

Office Phone: 530-676-0161 Office FAX: 530-676-0180 Email contact: membership@edcar.org