



3690 Hilborn Rd - Fairfield, CA 94534 - Phone (707) 422-5306 - Fax (707) 422-9140

## **Affiliate Membership Application**

Company Name: \_\_\_\_\_ Business License No: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
# Street Ste/Apt # City Zip Code

Mailing Address: \_\_\_\_\_  
(If Different From Above) # Street Ste/Apt # City Zip Code

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Primary Affiliate: \_\_\_\_\_ Cell: \_\_\_\_\_ eMail: \_\_\_\_\_

2nd Representative: \_\_\_\_\_ Cell: \_\_\_\_\_ eMail: \_\_\_\_\_

List any other REALTOR® Associations currently affiliated with: \_\_\_\_\_

**Affiliate membership covers the Primary Member and a 2<sup>nd</sup> Representative to take his/her place in their absence. Associate Membership benefits are extended to any additional employees working at the above physical address; see dues and fees page or inquire within.**

**1. I am –**

Sole Proprietor  General Partner  Corporate Officer  Other

**2. I certify that I have no record of official sanctions rendered by the courts or other lawful authorities within the past for violations of:**

- |  |   |   |
|--|---|---|
| a. Civil right laws                              | <input type="checkbox"/> Yes, I certify | <input type="checkbox"/> No, I cannot certify |
| b. Real Estate licensing laws                    | <input type="checkbox"/> Yes, I certify | <input type="checkbox"/> No, I cannot certify |
| c. Other laws prohibiting unprofessional conduct | <input type="checkbox"/> Yes, I certify | <input type="checkbox"/> No, I cannot certify |

**3. Are you or your firm subject to any pending bankruptcy proceedings?**

Yes  No

**4. Have you or your firm been adjudged bankrupt within the last three years?**

Yes  No

**5. Have you ever been disciplined by the DRE?**

Yes – If yes, provide any relevant copies of discipline.  No

**I certify the above information is correct and true to the best of my knowledge. I agree to abide by NSCAR's Bylaws and Policy.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_