



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

2022 Affiliate Dues and Fees

Prior to turning in your application, please be sure to have:

- A Copy of your Business License to submit with your application

Fees are due in full at the time of application

NSCAR Application Fee **\$225.00**

Number of Employees	(1)	(2-4)	(5-9)	(10-15)	(16+)
January	\$300.00	\$325.00	\$350.00	\$375.00	\$400.00
February	\$277.42	\$300.33	\$323.25	\$346.17	\$369.08
March	\$254.83	\$275.67	\$296.50	\$317.33	\$338.17
April	\$232.25	\$251.00	\$269.75	\$288.50	\$307.25
May	\$209.67	\$226.33	\$243.00	\$259.67	\$276.33
June	\$187.08	\$201.67	\$216.25	\$230.83	\$245.42
July	\$164.50	\$177.00	\$189.50	\$202.00	\$214.50
August	\$141.92	\$152.33	\$162.75	\$173.17	\$183.58
September	\$119.33	\$127.67	\$136.00	\$144.33	\$152.67
October	\$96.75	\$103.00	\$109.25	\$115.50	\$121.75
November	\$74.17	\$78.33	\$82.50	\$86.67	\$90.83
December	\$51.58	\$53.67	\$55.75	\$57.83	\$59.92

Associate Membership Dues: \$180.00 - Annually (No Proration's)

Late Fee: \$50.00



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 2nd 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 | [] Yes, I certify | [] No, I cannot certify |
| b. Real Estate licensing laws | [] Yes, I certify | [] No, I cannot certify |
| c. Other laws prohibiting unprofessional conduct | [] Yes, I certify | [] 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: _____



NSCAR
Northern Solano County
Association of REALTORS®

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

Affiliate #3: _____ Cell: _____ eMail: _____

Affiliate #4: _____ Cell: _____ eMail: _____

Affiliate #5: _____ Cell: _____ eMail: _____

Affiliate #6: _____ Cell: _____ eMail: _____

Affiliate #7: _____ Cell: _____ eMail: _____

Affiliate #8: _____ Cell: _____ eMail: _____

Affiliate #9: _____ Cell: _____ eMail: _____

Affiliate #10: _____ Cell: _____ eMail: _____

Affiliate #11: _____ Cell: _____ eMail: _____

Affiliate #12: _____ Cell: _____ eMail: _____

Affiliate #13: _____ Cell: _____ eMail: _____

Affiliate #14: _____ Cell: _____ eMail: _____

Affiliate #15: _____ Cell: _____ eMail: _____

Affiliate #16: _____ Cell: _____ eMail: _____



NSCAR
Northern Solano County
Association of REALTORS®

CREDIT CARD AUTHORIZATION FORM

In order to process your credit card accurately, please fill in the designated areas legibly below.

I, _____, authorize NSCAR to Charge my
Please Print Clearly

Circle One: Visa MasterCard AMEX Discover

Credit Card # _____

Exp. Date ____ / ____
Month Year

In the amount of \$ _____

CVV Code on Back: _____

Zip Code: _____

Authorized Signature

Date

E-mail

Phone Number