OAKLAND/BERKELEY ASSOCIATION OF REALTORS®
2855 Telegraph Ave. Suite 600
Berkeley, CA 94705
P: 510.848.4288 F: 510.848.2439
TAX ID #94-1110797

Application for Affiliate Membership

1. I apply for the following category of membership: [ ] Affiliate [ ] Affiliate Associate
2. **Last Name:** _____
3. **First Name:** _____
4. **Nickname:** _____
5. **Office Name:** _____
6. **Office Address:** _____
   (street)
   _____
   (city, state, zip)
7. **Check whether:** [ ] Individual/Firm Representative [ ] Partnership
   [ ] DBA [ ] Corporation
8. **List all DBA's:** _____
   _____
9. **Office Phone:** (_____)_____
   (general number)
   _____
   (your direct line or extension)
10. **Office Fax:** (_____)_____
11. **Home Address:** _____
    (street)
    _____
    (city, state, zip)
12. **Home Phone:** (_____)_____
13. **Home Fax:** (_____)_____
14. **Cell Phone:** (_____)_____
15. **Pager:** (_____)_____
16. **Preferred Phone:** [ ] Office [ ] Office Direct [ ] Home [ ] Cell [ ] Pager
17. **Preferred Fax:** [ ] Office [ ] Home
18. **Preferred Mail:** [ ] Office [ ] Home

19. **Gender:** ☐ Male ☐ Female

20. **E-Mail:** _____

21. **Web Page:** _____

22. **Partners, Associates, Officers** (if a corporation, give names of senior officers first):

_____

_____

23. I (do / do not) hold a California Real Estate License. _____Initial

24. I (do / do not) hold a California Appraisers License or certification. _____Initial

25. If licensed, fill in your
Dept. of Real Estate (DRE) License #: ____ ____ ____ ____ ____ ____ ____ ____

26. Explain status if licensed: _____

27. In which association activities would you like to participate? (Check all that apply)

☐ Committees ☐ Social Events

☐ Seminar Sponsor ☐ Lunch Sponsor

☐ Other(s) _____
(specify)

Enclosed is my check or credit card payment for fees. The paid 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 the Association, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling or otherwise disciplining me as a member. Upon the expiration of said membership for any cause, I will return to the Association all certificates, signs, seals or other indications of membership in Association and other REALTOR® organizations.

AUTHORIZATION AND CERTIFICATION

As an applicant for membership in the within named Association, I certify that the answers given in this application are true and correct, and I authorize said Association through its representatives to make such investigations through recognized credit or other channels as may be considered advisable to verify the statements here in made by me.

_____ _____
(Signature of Applicant) (Date of Signature)

FOR OFFICE USE ONLY

1. **Local Join Date:** _____ / _____ / _____
(month) (day) (year)

2. **Name of Affiliate this new member is replacing:** _____

3. **Existing Member Number:** _____