



## Coastal Mendocino Association of REALTORS® Business Affiliate Membership Application

2019 Membership Fee

\$325 / Business

\$150 / Nonprofit

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Direct and/or Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of company: \_\_\_\_\_

Type of business: \_\_\_\_\_

Office Address (Physical and Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does any principle hold a California real estate license? \_\_\_\_\_ If yes, explain status of license: \_\_\_\_\_

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

Company is:  Individual  DBA  Partnership  Corporation

State the name(s) of Owner, Principal, Partner, Corporate Officer, or Trustee of the business: \_\_\_\_\_

Is the office address, as stated, the principal place of business?  yes  no

If not, or if you have any other locations, please indicate addresses: \_\_\_\_\_

Is the company a member of any other Association of REALTORS®?  yes  no

Which Association: \_\_\_\_\_  
(type of membership held, dates of membership)

I hereby apply for Affiliate membership in the **Coastal Mendocino Association of REALTORS®**. I agree to abide by the Rules and Regulations of **Coastal Mendocino Association of REALTORS®** and shall treat all CMAR information received appropriately. (The CMAR bylaws are available at [www.cmaor.org](http://www.cmaor.org))

I consent that the Association may invite and receive information and comment about the firm and its representatives from any member or other person. I further agree that any information and comment furnished to the Association in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by myself or the firm for slander, libel, or defamation of character.

I agree that, if accepted for Membership in the Association, the company shall pay the fees as from time to time established. I also understand that fees and dues paid at the time of application are not refundable

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of facts, shall be grounds for revocation of membership if granted.

Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When submitting the application, please include copy of logo for inclusion on our website, as well as any links to your business website and/or social media.

PLEASE NOTE: "Fees paid to CMAR are not deductible as charitable contributions for Federal Income Tax purposes, but may, however, be deductible as an ordinary and necessary business expense."