

AFFILIATE MEMBERSHIP APPLICATION
WEST BRANCH VALLEY ASSOCIATION OF REALTORS®

LEGAL NAME OF BUSINESS: _____

TRADE NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____ # OF YEARS IN BUSINESS: _____

BUSINESS OWNER: _____ PRIMARY CONTACT: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ BUSINESS WEBSITE: _____

PREFERRED METHOD OF CONTACT: MAIL EMAIL FAX (PLEASE CIRCLE ONE)

Are you a member of any other Boards or Associations of Realtors in Pennsylvania? YES / NO
If so, where: _____ How Long? _____

Has your membership in any other Boards or Associations of Realtors ever been denied or revoked? YES / NO
If yes, explain: _____

Do you or anyone associated with your business have a real estate license? YES / NO If yes, what State? _____
How long? _____

Are there any past or pending claims or complaints against you or this business filed by any consumer, regulatory agency, or governmental body? YES / NO If yes, please explain: _____

Have you ever been convicted of a misdemeanor or felony? YES / NO If yes, please explain _____

List all licenses or certifications you or the business currently hold and include copies with this application _____

List all insurance policies carried by the business (E&O, Professional liability, Completed Operations, etc.) and provide copies of the Declarations page of the policy _____

Are you a member of any trade or professional organization related to the business's operation? YES / NO
If yes, please indicate name of organization(s) _____

Has your membership in any professional or trade organization ever been suspended or revoked? YES / NO
If yes, please explain _____

“I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, AND I HEREBY GIVE PERMISSION TO THE WEST BRANCH VALLEY ASSOCIATION OF REALTORS® TO VERIFY ANY INFORMATION ABOVE WITH THIRD PARTY SOURCES.”

SIGNATURE: _____

DATE: _____

AFFILIATE MEMBERSHIP PLEDGE

For adequate value received and in consideration of being an affiliate member in the West Branch Valley Association of Realtors, I irrevocably waive and release any claim or right of action that I may have or acquire against the Association or any of its officers, directors or members, for any act performed in connection with the business of the Association and, particularly, as to the acts of the Association or any of its officers, directors, or members taken in approving or not approving, advancing, suspending, expelling or otherwise disciplining me as an applicant or member of the Association.

I CERTIFY THAT I HAVE READ THE ABOVE AND THAT ALL INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND AND AGREE THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION AS REQUESTED, OR ANY MISSTATEMENT OF FACT, SHALL BE GROUNDS FOR REVOCATION OF MY MEMBERSHIP, IF GRANTED. I ALSO CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE WEST BRANCH VALLEY ASSOCIATION OF REALTORS BYLAWS.

I agree to pay the established dues as long as I remain a Member. ALL FEES ARE NON-REFUNDABLE.

By signing below I consent that the Realtor® Associations (local, state and national) and their subsidiaries, if any, should contact me at the specified address, telephone numbers, fax numbers and e-mail address or other means of communication available. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____ Date: _____

Dues payments to the West Branch Valley Association of Realtors® are not tax deductible as charitable contributions. However, portions of such payments may be tax deductible as ordinary and necessary business expenses. (Please consult your tax advisor.)