



Office Address: 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776; Office Phone #: 626-288-6212

## APPLICATION FOR AFFILIATE MEMBERSHIP

PLEASE PRINT AND COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE:

- Email it to [info@wsgvar.com](mailto:info@wsgvar.com), or
- Mail it to WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776, or
- Fax it to 626-288-7658. **Please note that all billing is done ELECTRONICALLY.**

I hereby apply for Affiliate membership in the West San Gabriel Valley Association of REALTORS®. Enclosed is my payment for fees in the amount of \$\_\_\_\_\_ from line (4) in the Payment section below, which 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 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 indication of membership in the Association and the California Association of REALTORS®.

### TELL US ABOUT YOUR BUSINESS

Firm Name: \_\_\_\_\_ Check one:  Individual  DBA  Partnership  Corporation

Address: \_\_\_\_\_ CA \_\_\_\_\_  
 Street and Suite # \_\_\_\_\_ City \_\_\_\_\_ State Zip Code \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

What category would you like to be listed under: \_\_\_\_\_

### TELL US ABOUT YOURSELF

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Hold a California Real Estate License?  Yes  No If Yes, please explain: \_\_\_\_\_

Additional Representatives Name and Email: \_\_\_\_\_

### PAYMENT

1. Initiation Fee: \$ 75

2. Membership Dues (choose one of the following fees from the table below): \$ \_\_\_\_\_

Prorated Fee Schedule:

January - March	\$150.00
April - June	\$112.50
July - September	\$75.00
October - December	\$37.50

3. Additional Representatives, Partners, and/or Associates: \$ \_\_\_\_\_

January - March	\$75.00
April - June	\$56.25
July - September	\$37.50
October - December	\$18.75

4. Total (add lines 1, 2, 3): \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_