



AFFILIATE MEMBERSHIP APPLICATION

Busines	s Name:	Office Phone#		
Type of	Business:			· · · · · · · · · · · · · · · · · · ·
Mailing A	Address:			
<u>Affiliate</u>	Street /Applicant Contact Information:	City	State	Zip
Name: _			Phone:	· · · · · · · · · · · · · · · · · · ·
	Last	First		
Mailing A	Address:Street	City	State	Zip
Occupat	ion:	Email:		
Applican	nt's Primary Phone:			
The following are benefits included in the Affiliate Membership - \$263.00 annually: Affiliate contact information on membership rosters Access to membership rosters Sponsorship of Association events (luncheons, seminars, new member orientation, etc.) Attendance/participation Association Events Access to Texas Association of REALTOR® (TR) public website pages Subscription to Texas REALTOR® Magazine Texas REALTOR® enewsletter Legislative Liaison Participation in fundraising events Multiple discount programs Opportunity to invest In TREPAC I hereby apply for Affiliate membership in the Waco Association of REALTORS® (WAOR.) As a basis of consideration of my application, I agree to the following: 1.) I am not actively engaged in brokerage, appraising, management, leasing, or renting of real estate. 2.) That should I, at a later date, become engaged in the aforementioned my membership status will immediately change to that of an applicant for REALTOR® membership. 3.) I agree to abide by the bylaws of WAOR now in effect or which may change hereafter by vote of qualified membership. 4.) I understand my membership is final only upon approval by the Board. 5.) I understand I must pay the affiliate membership application fee of \$250.00 within ten (10) business days of application. 6.) I understand my application fee is non-refundable.				
Date:	Applicant's	s Signature:		