



APPLICATION FOR AFFILIATE MEMBERSHIP

Bakersfield Association of REALTORS®
4800 Stockdale Hwy, Suite 100
Bakersfield, CA 93309
Fax 661-635-2317

I hereby apply for Affiliate membership in Bakersfield Association of REALTORS®. Enclosed is my check for fees in the amount of \$_____ (including not including California Association of REALTORS® fees). I irrevocably waive all claims against the Association or any of its officers, directors or members for any 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 other wired 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®.

I hereby submit the following information for your consideration:

Applicants Name: _____

Company Name: _____
 Individual DBA Partnership Corporation

Company Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

My title or position with the company: _____

Do you hold a California Real Estate License: Yes No

Status of License: _____

Names of Senior Partners, Associates, Officers (if a corporation):

I agree to pay the established annual membership fees as long as I remain a member of this Association. By becoming and remaining a member, I agree to abide by the constitution, Bylaws and other rules as from time to time amended of the National Association of REALTORS®, California Association of REALTORS®, and the Bakersfield Association of REALTORS®/MLS As an applicant for membership in the BAKERSFIELD ASSOCIATION OF REALTORS®, I certify that the answers given in this application are true and correct, and I authorize said Association through its representatives to make such investigation through recognized channels as may be considered advisable to verify the statements herein made by me.

Signed: _____

Date: _____

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Applicants Name: _____

Company Name: _____

Please list all members of your office that will be considered an Affiliate Member.
(There is no cost for additional members).

1. Name: _____ Phone #: _____
Position/Title: _____ E-mail: _____
2. Name: _____ Phone #: _____
Position/Title: _____ E-mail: _____
3. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
4. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
5. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
6. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
7. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
8. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
9. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____
10. Name: _____ Phone #: _____
Position/Title: _____ E-Mail: _____

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AFFILIATE STATUS PROATED DUES / ALLOCATIONS

BAKERSFIELD ASSOCIATION OF REALTORS®

Effective January 1, 2011

RECEIVED APPLICATION	LOCAL	OPTIONAL C.A.R. ADMIN.	OPTIONAL C.A.R. ALLOCATION	TOTAL
JANUARY	\$ 150.00	\$ 30.00	\$ 135.00	\$ 315.00
FEBRUARY	\$ 125.00	\$ 30.00	\$ 123.75	\$ 278.75
MARCH	\$ 100.00	\$ 30.00	\$ 112.50	\$ 242.50
APRIL	\$ 75.00	\$ 30.00	\$ 101.25	\$ 206.25
MAY	\$ 50.00	\$ 30.00	\$ 90.00	\$ 170.00
JUNE	\$ 325.00	\$ 30.00	\$ 78.75	\$ 433.75
JULY*	\$ 300.00	\$ 30.00	\$ 67.50	\$ 397.50
AUGUST	\$ 275.00	\$ 30.00	\$ 56.25	\$ 361.25
SEPTEMBER	\$ 250.00	\$ 30.00	\$ 45.00	\$ 325.00
OCTOBER	\$ 225.00	\$ 30.00	\$ 33.75	\$ 288.75
NOVEMBER	\$ 200.00	\$ 30.00	\$ 22.50	\$ 252.50
DECEMBER*	\$ 175.00	\$ 30.00	\$ 146.25	\$ 351.25

(* fees subject to change)