

AFFILIATE APPLICATION PALOS VERDES PENINSULA ASSOCIATION OF REALTORS® 28441 Highridge Road, Suite 401 Rolling Hills Estates, CA 90274 Phone: (310) 377-4873 Fax: (310) 541-4704

I hereby apply for Affiliate membership in the Palos Verdes Peninsula Association of REALTORS[®] I hereby submit the following information for your consideration:

Applicant's name:			
Name of firm (please attach you	r business card):		
Method of payment: Personal C	heck Company Check	Credit Card	-
Home Address:	City:	ZIP:	
Office Address:	City:	ZIP:	
Phone: ()Fa	ex: ()E-mail:		
Preferred Mailing Address (chec	k): Home Office:		
My title or position with the firm	1:		-
I (do/do not) hold a California Re	eal Estate License(in	iitial).	
Explain status if licensed:			
Name to be shown on members	hip records:		
Partners, Associates, Officers (if	corporation):		-
I agree to pay the established fe are:	es as long as I remain a member	r of this Board, and understar	nd that present fees
One-time initiation fee: \$25.00 ,	plus membership dues of \$150 (due annually.	
If you are interested in members	ship in the California Associatior	ו of REALTORS®, check here:_	
Dated:,20	Signed:		_

(Applicant)