



840 Kinner Street | Castle Rock, Colorado 80109 | 303.688.0941 | Fax 303.688.6053

www.derarealtors.com

APPLICATION FOR AFFILIATE MEMBERSHIP

Date: _____

I hereby apply for membership in the Douglas Elbert REALTOR® Association. I understand if approved into membership, the payment amount will be the total amount of dues required for membership from the date of this application to the end of the current fiscal year. I further acknowledge that this membership does not permit me to use the term "REALTOR®" on any certificates, signs, seals, letterheads, business cards, or any other indications of membership in the Association, the Colorado Association of REALTORS®, or the National Association of REALTORS®. I also acknowledge that I am only entitled to vote in the election of the Affiliate Director and Affiliate Director-Elect .

Although I am not subject to the Code of Ethics or its enforcement by the Douglas Elbert REALTOR® Association, I agree to abide by the principles established in the Code of Ethics of the National Association of REALTORS® and conduct my business and professional practices accordingly. I understand that I may be subject to discipline or termination for conduct which in the opinion of the Board of Directors, reflects adversely on the terms REALTOR® or REALTORS® and the real estate industry, or for conduct that is inconsistent with or adverse to the objectives and purposes of the Douglas Elbert REALTOR® Association, the Colorado Association of REALTORS®, or the National Association of REALTORS®.

PLEASE PRINT

Name: _____ NRDS# (if known) _____

Nickname: _____ Date of Birth: _____

Employing Company: _____

Brief Description of Services: _____

Office Address: _____

Street

Suite or Other

City

State

Zip Code

Office Web Address: _____

Home Address: _____

Street

Suite or Other

City

State

Zip Code

Preferred Mailing: _____ Office _____ Home

Office Phone

Cell Phone

Alternate Phone

Preferred Phone: ____ Office ____ Cell ____ Alternate

Office Email

Alternate Email

Preferred Email: ____ Office ____ Alternate

By signing this application, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. 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.

How did you hear about the Douglas Elbert REALTOR® Association? _____

Do you have an active real estate license? ____ Yes ____ No

Are you currently a member at any other real estate Board/Association? ____ Yes ____ No

If "Yes", name the Board/Association _____

Are you fluent in a language other than English? ____ Yes ____ No

If "Yes", please indicate which language: _____

Are you currently engaged in another business or profession? ____ Yes ____ No

If "Yes", explain: _____

What was your professional background or occupation prior to this? _____

What are your outside hobbies or areas of interest? _____

Please indicate any community involvement you may have: _____

Please check any of the following local or state committees and programs you might have an interest in:

____ Ambassador Program ____ Board of Directors ____ Builder Realty Council ____ Colorado Association of

REALTORS® Housing Opportunity Fund ____ Education ____ Events ____ Government Affairs ____ Helping Hands

____ Issues Mobilization ____ Marketing & Economic Forum ____ Professional Standards ____ Public Relations

____ Social Media ____ Technology

