



## Affiliate Membership Application

### Firm Information

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City

State

ZIP  
Code

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

### Applicant Information

#### Membership Type: Individual Affiliate Member

Previous Board/REALTOR® Association Membership? Yes or No

If yes, where/when? \_\_\_\_\_

\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City

State

Zip  
Code

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Date of Birth: *Month/Day/Year* \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Web Page Address (URL): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

National Association of REALTORS® Institute or Society Designations (if any): \_\_\_\_\_

\_\_\_\_\_

### DUES / FEES

**DUES/FEES** There will be no refund of dues or fees paid by the applicant unless applicant is denied membership. Notice: Payments to the Darien Board of REALTORS®, Inc. are not deductible as charitable contributions for federal income tax purposes. Also, federal law states that the percentage of your association dues used for state and federal lobbying activities is nondeductible as a business expense for federal tax purposes.



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### Membership Acknowledgement

I hereby apply for Affiliate Membership in the Darien Board of REALTORS® (DBOR), and enclose my check in the amount of \$\_\_\_\_\_ which I understand will only be refunded in the event I am not accepted for membership. In the event my application is approved, I agree as a condition of membership to abide by the Bylaws of DBOR. I certify that the business firm noted above is fully qualified and meets the requirements established by the Bylaws of DBOR for Affiliate Membership. The firm and I subscribe to the ethical principles of the Association and are engaged in a business closely allied with real estate.

I understand that this membership belongs to the firm that I represent and that I am the official representative for that firm. As the official representative, I am responsible for any outstanding invoices owed to DBOR. I understand that I have official voting rights on behalf of my firm. Should I leave the firm, I will notify DBOR who the new official contact will be.

I consent to and authorize a full investigation, if deemed advisable by the Board of Directors, to determine if the high standards of the Association are met. I hereby waive and release any claim for damages, should any arise against the Association or its individual members, for any such investigation and from any proceedings and actions connected with this application.

Finally, I consent to and authorize DBOR to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to DBOR by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as required, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

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