

23805 Stuart Ranch Road. Suite 140, Malibu, CA 90265

Phone 310.456.5566 Fax 310.456.1809 membership@maliburealtors.org www.maliburealtors.org

2025 MAR AFFILIATE MEMBERSHIP APLLICATION (2 PAGES)

	Affiliate Membe	r				
	MAR Affiliate Members ma Affiliate Membership does			Affiliates or	nly (not CAR or	NAR).
2.	Name (EXACTLY as it app	pears on your license):		 		
3.	Nickname:			1-1-1-1-1-1-1-1		
1.	Firm Name:					
5.	Firm Address:(street)	(city) (5	state) (z	zip)	
ŝ.	Your Office Direct Pho	ne #:	Ext #	Your O	ffice Fax #:	
7.	List any dba's:					
3.	Home Address:(street)		(city)		(state)	(zip)
9.	Home Phone:	(req.)	Home Fax:			
10.	Cell Phone:		(req.)			
11. 12.	Pref. Phone: [] Cell E-Mail Address: please	-				Home
	Annual Dues	MAR AFFILIATE I \$348	MEMBER DUES Processing Fee	· ¢25	Total: \$373	
	Allitual Dues	Dues Pro F	Rated Starting:		•	
	October	\$275	Processing Fee:	\$25	Total: \$300	

Processing Fee: \$25

Processing Fee: \$25

\$250

\$150

November

December

Total: \$275

Total: \$175

GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

- 1. **Bylaws, policies and rules.** I agree to abide by the bylaws, policies and rules of the Malibu Board or Association, the bylaws, policies and rules of the California Association of REALTORS®, and the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as may from time to time be amended.
- 2. **Use of the term REALTOR® OR REALTOR-ASSOCIATE®.** I understand that the professional designations REALTOR® and REALTOR-ASSOCIATE® <u>are federally registered trademarks of the National Association of REALTORS®("N.A.R.") and use of these designations are subject to N.A.R. rules and regulation.</u>
- 3. **Orientation**. I understand that if the Board or Association requires orientation, I must attend such orientation prior to becoming a member of the Board or Association.
- 4. **No refund**. I understand that my Board or Association membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues.
- 5. **Authorization to release and use information; waiver**. I authorize the Board or Association or its representatives to verify any information provided by me in this application by any method.
- 7. By signing below, I expressly authorize the Board or Association, or representatives to fax, e-mail, telephone or send by U.S. mail to me, at the fax numbers, e-mail, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Board or Association.

SIGNATURE				
I certify that I have read and agree to the all ter	rms and conditions, and all informatio	n given is true and correct.		
APPLICANT'S SIGNATURE	Date			
PAYMENT				
Total payment enclosed <u>\$</u>	<u>.</u>			
dembership dues applicable for remainder of calendar ye	ear <u>.</u>			
Check #:				
OR Credit Card Holder's Name:				
Card Number	Exp. Date	CID code:		
hereby authorize the Malibu Association of REALTORS	® to collect my credit card payment for my M	embership Dues, as indicated above		
Singa Company of Open Handle on		Date:		

Once complete: file/save with your name, email to <u>membership@maliburealtors.org</u> or fax to 310.456.1809

Please allow up to 2 days for processing.

MAR hours: Mon – Thurs, 9:30 am – 4:30 pm

Membership is not final until you receive confirmation from MAR by email.

Thank you for your application.