



APPLICATION FOR CORPORATE AFFILIATE MEMBERSHIP

We hereby apply for Corporate Affiliate Membership in Northern Colorado Commercial Association of REALTORS® (NCCAR). We are encouraged to abide by NCCAR's Constitution, Bylaws, Rules and Regulations, and the Code of Ethics of the National Association of REALTORS®. We irrevocably waive all claims against the Board, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise discipline us as applicants or as members.

We understand Affiliate membership in NCCAR is available to us only as we are not actively using our real estate license as an agent in the service of others.

Company Name						Email			
Fax #				Phone #					
Company Address									
City				State			Zip		
Type of Business									
How long in business				How long at current location					
Main or Branch Office				Number of Employees					
Corporation	Partnership	Sole Proprietorship							

The following people shall be included in the Corporate Affiliate Membership (limit of 5):

Applicant #1						Email				
Fax				Phone						
Company Name Address										
City				State			Zip			
Social Security #				Job Title						
How long in business				How long at current location						
Main or Branch Office										
Corporation	Partnership	Sole Proprietorship								

I, the undersigned, agree to pay the established fees as long as I remain a member of the Northern Colorado Association of REALTORS®. I understand the application and fees are for membership in NCCAR only. 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 requested, or any misstatement of fact, may be grounds for revocation of my membership if granted.

Applicant #1 Signature _____ Date _____

Applicant #2		Email			
Fax		Phone			
Company Name Address					
City		State		Zip	
Social Security #		Job Title			
How long in business		How long at current location			
Main or Branch Office					
Corporation	Partnership	Sole Proprietorship			

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Applicant #2 Signature _____ Date _____

Applicant #3		Email			
Fax		Phone			
Company Name Address					
City		State		Zip	
Social Security #		Job Title			
How long in business		How long at current location			
Main or Branch Office					
Corporation	Partnership	Sole Proprietorship			

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Applicant #3 Signature _____ Date _____

Applicant #4		Email			
Fax		Phone			
Company Name Address					
City		State		Zip	
Social Security #		Job Title			
How long in business		How long at current location			
Main or Branch Office					
Corporation	Partnership	Sole Proprietorship			

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Applicant #4 Signature _____ Date _____

Applicant #5		Email			
Fax		Phone			
Company Name Address					
City		State		Zip	
Social Security #		Job Title			
How long in business		How long at current location			
Main or Branch Office					
Corporation	Partnership	Sole Proprietorship			

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Applicant #5 Signature _____ Date _____

Joining During the Months of:

January through December	\$1,050.00
April through December	\$775
July through December	\$525
October through December	\$262.50

****No need to send payment at this time. When your application is received an invoice will be sent to the first name and address on this application who will be in charge of payment.****