

**NAME OF FIRM / BUSINESS:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MAILING ADDRESS:** ☐ SAME AS ABOVE \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT 1 NAME:** \_\_\_\_\_ **BUSINESS:** ( \_\_\_\_\_ ) \_\_\_\_\_  
(First) (Last)

**CONTACT 1 EMAIL:** \_\_\_\_\_ **CELL:** ( \_\_\_\_\_ ) \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_ **FAX:** ( \_\_\_\_\_ ) \_\_\_\_\_

**BOARD REFERENCES** One (1) Broker and one (1) Agent, are required that are **CURRENT MEMBERS** of the Youngtown Columbiana Association of REALTORS®

**1: SPONSORING BROKER** (not manager) must be a **CURRENT MEMBER** of the Youngtown Columbiana Association of REALTORS®

**BROKER NAME:** \_\_\_\_\_ **OFFICE:** \_\_\_\_\_  
(First) (Last)

**BROKER SIGNATURE:** \_\_\_\_\_ **PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

**2: SPONSORING AGENT** must be a **CURRENT MEMBER** of the Youngtown Columbiana Association of REALTORS®

**AGENT NAME:** \_\_\_\_\_ **OFFICE:** \_\_\_\_\_  
(First) (Last)

**AGENT SIGNATURE:** \_\_\_\_\_ **PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever been a member in good standing of any other real estate Board / Association? **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_  
(if yes, please list below)

Are you still a member in good standing with any of the Real Estate Boards / Associations above? **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_  
(if no, please state why)

**The most recent Board / Association that you were a member of:**

**NAME OF BOARD / ASSOCIATION:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

Please state your reason for seeking membership in the Youngtown Columbiana Association of REALTORS®

**Are there now, or have there been within the last five (5) years, any complaints against you, or the firm with which you have been associated, before any state regulatory agency or state or federal Civil Rights agencies?** (If yes, attach separate statement specifying the nature of each complaint in each state, the agency before which the complaint was made, and the current status or resolution of such complaint).

Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you been convicted of a felony within the last five (5) years?** (If yes, attach separate statement detailing the circumstances relating thereto.)

Yes \_\_\_\_\_ No \_\_\_\_\_

**Indicate the approximate number of transactions in the last year with which a REALTOR Professional initiated or was involved** \_\_\_\_\_

**Briefly describe the nature of your business** \_\_\_\_\_

I hereby apply for Affiliate Membership to the Youngstown Columbiana Association of REALTORS®. Dues will be refunded in the event of non-election. In event of my election, I agree to abide its Articles of Incorporation, Policy, Bylaws and Rules and Regulations. I irrevocably waive all claims against the Association or any of its officers, directors, or members, for any act in connection with the business of the Association and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will return to the Youngstown Columbiana Association of REALTORS® all certificates, signs, seals, keys or other indications of membership in the Youngstown Columbiana Association of REALTORS®. Any applicant that has been terminated or is suspended or otherwise not in good standing from any other real estate board/association may be refused membership in the Youngstown Columbiana Association of REALTORS®.

I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment furnished to the Board by any person in response to the invitation and any response shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character and hereby apply for membership in the above-named Board and am including the annual or pro-rated dues.

In submitting this application I acknowledge that, as an Affiliate member, while I cannot be bound to submit to Professional Standards, Arbitration or Mediation Hearing procedures, I agree to conduct business according to the ideals of the Code of Ethics of the National Association of REALTORS®, and the Policies and Bylaws of the Youngstown Columbiana Association of REALTORS® as from time to time may be amended. I agree that, if accepted for Affiliate Membership in the Association, I shall pay the fees and dues required.

I here 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, shall be grounds for denial of membership or revocation of my membership if granted.

## Affiliate Fee Schedule - payment may be paid in one check to:

### Youngstown Columbiana Association of REALTORS®

**APPLICATION MUST BE COMPLETED AND ACCOMPANIED BY THE DUES AND FEES TO BE CONSIDERED FOR MEMBERSHIP**

1. Initiation Fee of \$125.00 (NON-REFUNDABLE)
2. Annual Dues of \$220.00 (Pro-Rated Quarterly/SEE PRO-RATED DUES CHART BELOW)
3. \$50.00 Annual Dues per each additional Company Representative Fee Applies? ( ) YES ( ) NO

#### PRO-RATED DUES:

1 <sup>st</sup> Quarter (January thru March)	\$220.00	3 <sup>rd</sup> Quarter (July thru September)	\$110.00
2 <sup>nd</sup> Quarter (April thru June)	\$165.00	4 <sup>th</sup> Quarter (October thru December)	\$55.00

**AMOUNT DUE \$** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# AFFILIATE MEMBERSHIP APPLICATION

132 Westchester Dr. Suite 4, Austintown, OH 44515  
Tel: 330-788-7026 • Fax: 330-788-4329 • Email: services@ycar.org



## ADDITIONAL PAID AFFILIATE MEMBER COMPANY REPRESENTATIVES

Representative's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Representative's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Representative's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Representative's Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_