



AFFILIATE MEMBERSHIP APPLICATION

5405 Market Street, Boardman, OH 44512
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NAME OF FIRM / BUSINESS: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS: SAME AS ABOVE _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT 1 NAME: _____ **DIRECT:** (_____) _____
(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® Association, enclosing payment in the amount of \$ _____ * dues which are to 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 \$200.00 (Pro-Rated Quarterly/SEE PRO-RATED DUES CHART BELOW)
- 3. \$50.00 Annual Dues per each additional Company Representative Fee Applies? () YES () NO
- 4. \$100.00 Ohio REALTORS® Affiliate Fee (Optional) Fee Applies? () YES () NO
- 5. \$56.00 NAR Affiliate Fee (Optional) Fee Applies? () YES () NO

PRO-RATED DUES:

1 st Quarter (January thru March)	\$200.00	3 rd Quarter (July thru September)	\$100.00
2 nd Quarter (April thru June)	\$150.00	4 th Quarter (October thru December)	\$50.00

AMOUNT DUE \$ _____ *** Signed** _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

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 _____