



APPLICATION FOR KCBOR AFFILIATE MEMBERSHIP

I hereby apply for an Affiliate membership in Kings County Board of REALTORS®. I consent that the Membership Committee may conduct an inquiry that may be deemed necessary for the processing of my application for Affiliate membership.

GENERAL INFORMATION

1. Applicant Name: _____
2. Business Type: _____
3. Office Name: _____
4. Office Address: _____
(Street) (City) (State) (Zip Code)
5. Office Telephone Number: _____
6. Office Fax Number: _____
7. Contact Number: _____
8. Email Address: _____
9. Website: _____
10. My title or position with the company: _____

GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

1. **Bylaws, Policies and Rules and Regulations.** I agree to abide by the Bylaws, Policies and Regulations of the Kings County Board of REALTORS® (KCBOR), the California Association of REALTORS® (C.A.R.) and the National Association of REALTORS® (N.A.R.) all as may from time to time be amended.
2. **No Refund.** I agree to pay the established annual membership fees as long as I remain a member of this Association. I understand that my KCBOR Fees are non-refundable.
3. By signing below, I expressly authorize the Kings County Board of REALTORS® to fax or email me at the fax number and email addresses above and those listed on the next page.

Print Name: _____

Signature: _____

Date: _____

KCBOR AFFILIATE MEMBERSHIP

Please list all members of your organization that will be considered an Affiliate Member with KCBOR. There is no cost for adding additional members, that are within your company.

1. Applicant Name: _____

Email Address: _____

Cell Phone: _____

2. Applicant Name: _____

Email Address: _____

Cell Phone: _____

3. Applicant Name: _____

Email Address: _____

Cell Phone: _____

4. Applicant Name: _____

Email Address: _____

Cell Phone: _____

5. Applicant Name: _____

Email Address: _____

Cell Phone: _____

6. Applicant Name: _____

Email Address: _____

Cell Phone: _____

7. Applicant Name: _____

Email Address: _____

Cell Phone: _____