



803 Tucker Rd.
 Tehachapi, CA 93561
 661-822-7652
 661-822-3459 Fax
 taar@tehachapiaor.com

Staff Use

AF Office ID: _____
PW: _____
Rep Member ID: _____
PW: _____
BOD Approved: _____

AFFILIATE APPLICATION FOR MEMBERSHIP

Each firm is allowed four representatives who will be able to participate in TAAR sponsored events. Add \$25 for each additional representative.

APPLICANT INFORMATION

Application Date ____/____/____ Birth Date: (MM____/DD____)

Applicant Name _____ Title: _____

E-mail: _____ Website: _____

Address: _____
Street City State Zip

Preferred contact phone (____) _____ Indicate type: ____ cell ____ home ____ office

Preferred Mailing Address: ____ home ____ office or _____

OFFICE INFORMATION

Company Name: _____

Company Address: _____
Street City State Zip

Company Phone: (____) _____ Firm Fax: (____) _____

Billing E-mail: _____ Billing Contact: _____

Type of Business: _____

PAYMENT INFORMATION

MASTERCARD VISA DISCOVER AMERICAN EXPRESS CHECK - Check # _____ Amount \$ _____

I hereby apply for Affiliate membership and I have enclosed payment for the Affiliate membership fees for Tehachapi Area Association of REALTORS®, which I understand are not refundable or transferable unless this application is not accepted. I agree to pay the established fees as long as I remain a member of this Association. I certify that the answers given in this application are true and correct and I agree to contact the TAAR office with any changes, and I authorize said Association's representatives to verify statements herein made by me.

Any proprietary information that is obtained from any source at any time must be considered confidential. Any breach of confidentiality may result in inactivation of your Tehachapi Area Association of REALTORS® Affiliate membership. This applies to the applicant and all representatives from your company.

Applicant Signature _____
Date

Name of Affiliate Sponsor _____
Date

Thank you for applying for Affiliate Membership at the Tehachapi Area Association of REALTORS®. We warmly invite you to attend our monthly General Membership Meetings held on the first Thursday of every month beginning at 9:15 am, at the TAAR office. We want to encourage you to get involved by joining the Affiliate committee, Advocacy committee, and/or the Education committee. For more information, go to www.tehachapiaor.com or contact us at 661-822-7652.

Company Name: _____ Date: _____

REPRESENTATIVE INFORMATION

Rep Name #2

_____ Phone _____ Cell _____

Email _____ Birthday MM ____/DD ____

Rep Name #3

_____ Phone _____ Cell _____

Email _____ Birthday MM ____/DD ____

Rep Name #4

_____ Phone _____ Cell _____

Email _____ Birthday MM ____/DD ____

Attach a separate sheet to name any additional Representatives and Add \$25.00/year for each additional representative.

2017 DUES SCHEDULE

Affiliate Prorated 2017 Dues Schedule - Effective January 1, 2017

Application Received	Application Fee*	Annual Dues	TOTAL
January	150.00	300.00	450.00
February	150.00	275.00	425.00
March	150.00	250.00	400.00
April	150.00	225.00	375.00
May	150.00	200.00	350.00
June	150.00	175.00	325.00
July	150.00	150.00	300.00
August	150.00	125.00	275.00
September	150.00	100.00	250.00
October	150.00	75.00	225.00
November	150.00	50.00 <i>Plus 2018 Annual Dues +</i>	
December	150.00	Join in Dec, pay application fee and 2018 Annual Dues +	
Additional Representatives		25.00 x Number of Additional Reps	

* Application Fee is a one-time fee. If you do not renew your membership, and wish to reactivate after one-year absence you will be charged as a new member. Each office is allowed 4 representatives. + 2018 Dues will be determined in Fall of 2017 by TAAR BOD.

Please send your Photo, Logo and a paragraph describing the services your company can provide to our membership, for use in our Newsletter, and other advertising. Your Logo and business information will not be used without prior written approval from you.