



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 \$50 for each additional representative per year.

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

INVOICE US at Email: _____ CHECK - Check # _____ AMOUNT \$ _____

I hereby apply for Affiliate membership, and I have requested an invoice be sent or 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. 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 \$50.00/year for each additional representative.

AFFILIATE 2025 DUES SCHEDULE – Effective

Affiliate Prorated 2025 Dues Schedule - Effective January 1, 2025

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 Plus 2026 Annual Dues +	
December	150.00	Join in Dec, pay application fee and following year Annual Dues +	
Additional Representatives		\$50.00 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. For Dues amount listed, each office is allotted 4 representatives. Add \$50/yr for each additional representative.

+ Annual Dues subject to change.

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

Company Name: _____ Date: _____

CERTIFICATION VERIFICATION

Prior to providing services to the Tehachapi Area Association of REALTORS® and Tehachapi MLS members, Affiliate companies must have the appropriate certification issued by the governing board in their expertise and must submit a copy of certificates, i.e. license, insurance, bonds, prior to offering or providing your services.

Please complete this form and enclose a copy of your certificate(s) if you or your business intends to provide services.

Business: _____

Title: _____

Type of Certification: _____

Certificate Number: _____

Expiration Date: _____

Please enclose a copy of your certificate(s).

I declare all information provided is true.

Signature

Date