



**SONOMA COUNTY**  
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**NAPA COUNTY**  
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## AFFILIATE MEMBERSHIP APPLICATION

**Affiliate members shall be real estate owners, and other individuals or firms engaged in activities related to the real estate profession, who do not qualify for REALTOR® membership. Affiliate members have interests requiring information concerning real estate and sympathy with the objectives of the A.O.R.**

I am applying for membership in:  North Bay Association  North Bay and California Association

Name: \_\_\_\_\_

Nickname or other name: \_\_\_\_\_

Real Estate License Number (if applicable): \_\_\_\_\_

Mortgage Loan Originator License Number (if applicable): \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax Number: \_\_\_\_\_

Which do you want as a primary mailing address?  Firm  Home  Other

Which do you want as a primary phone number?  Firm  Home  Cell

Password for North Bay Association website (*required*): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address (required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (*if different from above*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Social Media Handles: \_\_\_\_\_

Please select your primary chapter (you may only choose one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mendocino/Lake      | <input type="checkbox"/> Rohnert Park/Cotati | <input type="checkbox"/> Sonoma Valley |
| <input type="checkbox"/> Napa County         | <input type="checkbox"/> Russian River       | <input type="checkbox"/> Windsor       |
| <input type="checkbox"/> North Sonoma County | <input type="checkbox"/> Santa Rosa          |  |
| <input type="checkbox"/> Petaluma            | <input type="checkbox"/> Sebastopol          |  |

Please select your secondary chapters (you may select as many as you wish):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mendocino/Lake      | <input type="checkbox"/> Rohnert Park/Cotati | <input type="checkbox"/> Sonoma Valley |
| <input type="checkbox"/> Napa County         | <input type="checkbox"/> Russian River       | <input type="checkbox"/> Windsor       |
| <input type="checkbox"/> North Sonoma County | <input type="checkbox"/> Santa Rosa          | <input type="checkbox"/> None          |
| <input type="checkbox"/> Petaluma            | <input type="checkbox"/> Sebastopol          |  |

**No refund.** I understand that my Association membership dues are non-refundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues or fees.

**Authorization to release and use information; waiver.** I authorize the Association or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, my current or past responsible broker or designated REALTOR®, or any Association or MLS where I held, or continue to hold, any type of membership. I further authorize any Association or MLS where I held, continue to hold, any type of membership to release all my membership or disciplinary records to this Board/Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against the Board/Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.

By signing below, I expressly authorize the Association, including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone, text or send by U.S. mail to me, at the fax numbers, e-mail, telephone and text numbers and addresses above, for any and all Association (including the local, state and national, or their subsidiaries or representatives) communications, including but not limited to those for political purposes and/or material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association (including the local, state and national, or their subsidiaries or representatives) .

SIGNATURE

I certify that I have read and agree to the terms and conditions of this application, that I meet the requirements for affiliate membership and that all information given in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature