

**Fort Wayne Area Association of REALTORS®**  
**APPLICATION FOR AFFILIATE MEMBERSHIP**  
(Circle desired membership type)

Individual      Corporate

**Individual Affiliate:**

The Individual Affiliate Members shall be individuals or firms who, while not engaged in the real estate profession, have interests requiring information concerning real estate, who are in sympathy with the objectives of the Association, who desire to hold their membership individually, and whose membership shall transfer with the individual. In the event that an Individual Member leaves his/her company, the individual retains the membership.

**Corporate Affiliate:**

The Corporate Affiliate Members shall be individuals so designated by Corporations who are in sympathy with the objectives of the Association and, while not engaged in the real estate profession, have interests requiring information concerning real estate, and whose membership, while individual, remains with the Corporation. In the event that a Corporate Member leaves his/her company, the Corporation retains the membership.

1. Name: \_\_\_\_\_
2. Residence Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
3. **Last Four Digits** of Social Security # \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_
4. Name of Company: \_\_\_\_\_ Website \_\_\_\_\_
5. Company Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_
6. Office Phone (    ) \_\_\_\_\_ Office Fax (    ) \_\_\_\_\_
7. E-mail address \_\_\_\_\_
8. Principal Business of Firm: \_\_\_\_\_
9. Your Position in Firm: \_\_\_\_\_
10. Do you have an Indiana Real Estate License: YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, License Number: \_\_\_\_\_
11. Are you actively engaged in real estate in the areas of appraising, buying, selling, counseling, exchanging, renting, leasing or managing real estate for others for compensation?  
YES \_\_\_ NO \_\_\_ (If "YES", attach additional page and explain in full.)
10. Have you ever been a member of this Association? YES \_\_\_ NO \_\_\_ If "YES", what years? \_\_\_\_\_
11. Has your membership in an Association of REALTORS® ever been refused, suspended, or terminated (voluntarily or involuntarily)? YES \_\_\_ NO \_\_\_ If "YES", attach additional page and explain in full.
12. Are you applying to meet the requirements for membership in one of the Institutes, Societies or Councils of the National Association of REALTORS® YES \_\_\_\_\_ NO \_\_\_\_\_  
If "YES", which Institute, Society or Council \_\_\_\_\_
13. Do you have a bankruptcy pending? YES \_\_\_\_\_ NO \_\_\_\_\_ Have you ever declared bankruptcy?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If so, when was it disposed? \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that the failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. Also, by signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (i.e. MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, e-mail address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

***I HEREBY APPLY FOR AFFILIATE MEMBERSHIP IN FWAAR***

- a. I will submit a check for \$ \_\_\_\_\_ which will be refunded if I am not elected to membership.
- b. I consent to the Association's authorized representative inviting and receiving comments about me from any member or other person.
- c. I consent to the Association sending me and my company fax and e-mail correspondence.
- d. I agree that any information received in connection with this shall be conclusively deemed to be privileged and not from the basis of civil action by me (slander, libel, defamation, fraudulent, misrepresentation, invasion of privacy, etc.)
- e. I waive, irrevocably, any and all claims against the Association, its officers, directors, and members for failing to elect me to membership.
- f. I certify that the information provided in this application is true and correct.
- g. I understand that failure to provide complete and accurate information or any misstatement of fact will be grounds for termination of my membership should it be granted.

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

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**FOR ASSOCIATION USE ONLY**

Entered into Rappatoni \_\_\_\_\_

Approved by Executive Committee \_\_\_\_\_

Notified of Approval \_\_\_\_\_

**Note:** Payments to the Fort Wayne Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deducted as an ordinary and necessary business expense.