



549 OLD MAMMOTH ROAD, SUITE 11A POST OFFICE BOX 1007 MAMMOTH LAKES, CA 93546 760-934-4637 info@mlbor.com

AFFILIATE MEMBERSHIP APPLICATION

I hereby apply for Affiliate Membership with the Mammoth Lakes Board of REALTORS® (MLBOR):

Membership Fee of \$250 annually and a one-time Administration Fee of \$100.

OFFICE INFORMATION:

Company Name: _____

Company Address: _____

Company Phone #: _____

Billing Email: _____

Billing Contact Name: _____

Website Address: _____

Type of Business: _____

Each company is allowed two representatives who will be able to participate in MLBOR sponsored events.

APPLICANT INFORMATION:

Applicant Name: _____ Title: _____

Email: _____ License #: _____

Phone #: _____ Cell #: _____

REPRESENTATIVE #2 INFORMATION

Rep #2 Name: _____ Title: _____

Email: _____ License #: _____

Phone #: _____ Cell #: _____



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TERMS AND CONDITIONS

I understand that my Association membership dues and fees are non-refundable. In the event I fail to maintain eligibility for membership, or wish to terminate membership, for any reason, I understand I will not be entitled to a refund of my dues and fees. I understand that affiliate membership with the Mammoth Lakes Board of REALTORS® is an individual membership and is non-transferable.

I agree to abide by the bylaws, policies, and rules of the Mammoth Lakes Board of REALTORS®, all as may from time to time be amended.

Any proprietary information that is obtained from any source at any time must be considered confidential, including members' contact information, and shall not be sold or distributed for any purpose. Any breach of confidentiality will result in inactivation of your Mammoth Lakes Board of REALTORS® affiliate membership. This applies to the applicant and all representatives from your company.

I understand that as an Affiliate member I cannot use the professional designation of REALTOR®.

I understand that if the Association requires orientation, I must attend such orientation prior to becoming a member of the Association.

I authorize MLBOR or its representatives to verify any information provided by me in this application. 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 MLBOR, 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 here under.

I irrevocably waive all claims against the Mammoth Lakes Board of REALTORS® or any of its officers, directors, employees or members for any act in connection with the business of the Association and particularly as to its or their act in electing or failing to elect, advancing, suspending, expelling, or otherwise disciplining me as a member. Upon the expiration of said membership for any cause I will return to the association any cards, certificates, signs, seals or other indications of membership in the Mammoth Lakes Board of REALTORS®.

By signing below, I authorize the Association, including its local, state, and national subsidiaries or representatives to fax, e-mail, telephone, send by U.S. Mail to me material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association. The Association does not sell or distribute your email for commercial purposes.

I certify that I have read and agree to the terms and conditions of this application and that all information given in this application is true and correct. I agree to contact the MLBOR office with any changes.

Signed: _____ Date: _____
Applicant Signature



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CREDIT CARD PAYMENT AUTHORIZATION

PLEASE PRINT LEGIBLY

PLEASE SCAN AND EMAIL THIS FORM TO:
info@mlbor.com

Date: _____

Applicant/Member Name: _____

Cardholder Name: _____

Billing Address: _____

(Include street, city, state and zip code)

WE ACCEPT:

VISA

MC



Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Authorized Signature: _____