

**WICHITA AREA ASSOCIATION OF REALTORS®**

170 W. Dewey Wichita, KS 67202

316-263-3167 316-263-2832 (fax)

**AFFILIATE MEMBERSHIP APPLICATION**

My firm applies for Affiliate Membership in the WICHITA AREA ASSOCIATION OF REALTORS®, Inc. Enclosed is my check for membership dues in the amount of:

- \$300.00 (joining during Jan/Feb/March)
- \$150.00 (joining during July/Aug/Sept)
- \$225.00 (joining during April/May/June)
- \$75.00 (joining during Oct/Nov/Dec)

Upon approval, I agree to abide by the Constitution, Bylaws and Rules and Regulations of this Association. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about my Firm from any member or other person, that my Firm has a sound credit rating and a favorable business reputation in the community, and I further agree that any information and comment furnished to the Association by any person in response to the invitation, shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

*I hereby submit the following information for your consideration:*

**FIRM NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**COMPANY WEB PAGE ADDRESS:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**Number of years in business:** \_\_\_\_\_ **Principal Owner:** \_\_\_\_\_

**Type of business your firm is engaged in:**

- Mortgage/Banking
- Appraisal
- Abstract or Title
- Insurance
- Pest Control
- Utilities
- Communications
- Inspection
- Other (please specify) \_\_\_\_\_

*I agree that, if accepted for membership in the Association, I shall pay the annual fees as established by the Board of Directors:*

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

Name: (please print) \_\_\_\_\_

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

Title: \_\_\_\_\_