



North San Diego County Association of REALTORS®  
Associated Professional Member  
Application for Membership

**PERSONAL INFORMATION**

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

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (optional): \_\_\_\_\_

*To keep our dues as low as possible and to provide you with the most timely information and assistance to our members, NSDCAR communicates as much as possible through electronic means (email & website). We would appreciate your cooperation by providing us with your email address so that we may serve you more efficiently and effectively.*

Email: \_\_\_\_\_

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

Do you currently hold Affiliate Membership with the North San Diego County Association of REALTORS?

Yes  No

Do you hold a current California DRE License? \_\_\_No \_\_\_Yes DRE License# \_\_\_\_\_

**OFFICE INFORMATION**

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

Office Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Type of Business: \_\_\_Lender \_\_\_Escrow \_\_\_Title

# General Terms and Conditions of Membership

I agree to abide by the North San Diego County Associated Professionals Code of Conduct and any rules and or regulations of the North San Diego County Association of REALTORS as they apply to the category of membership for which I am applying.

I understand that to be an Associated Professional Member in good standing I must attend an Associated Professional New Member Orientation. Failure to attend orientation will result in suspension of Associated Professional Membership benefit and privileges. \_\_\_\_\_Please initial

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. I also understand that Associated Professional Membership is as an individual enhancement to my existing membership as an Affiliate member. and is non transferable.

I irrevocably waive all claims against the Association or any of its officers, directors or members for any act in connections 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 all membership cards, certificates, signs, seals or other indications of membership in the North San Diego County Association of REALTORS and the California Association of REALTORS.

I understand that I must maintain a current affiliate membership and agree to pay the established annual fee for my membership as an Associated Professional with the North San Diego County Association of REALTORS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NSDCAR Use Only

Check# \_\_\_\_\_

Cash \_\_\_\_\_

Visa/MC \_\_\_\_\_ exp \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date