



# CAPITAL AREA ASSOCIATION OF REALTORS®



**3149 Robbins Road • Springfield, IL 62704 • Phone 698-7000 • Fax 698-7009**

## Affiliate Member Application

1. Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Residence Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Residence Phone \_\_\_\_\_

Firm Name \_\_\_\_\_

Title Held \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

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

2. In what business are you engaged? \_\_\_\_\_ For how long? \_\_\_\_\_

3. Is the business in which you are connected a: Corporation  Partnership  Sole Proprietorship

4. Do you have an Illinois Salesperson or Broker license?  Yes  No  
If yes, who sponsors your license? \_\_\_\_\_

5. Do you list or sell real estate (if yes, explain)?  Yes  No \_\_\_\_\_

6. Do you have an Illinois Appraiser License or Certificate?  Yes  No

7. Do you actively appraise real property? \_\_\_\_\_  
For whom do you appraise? \_\_\_\_\_

8. Do you have an Illinois Home Inspector License?  Yes  No License Number \_\_\_\_\_

9. Have you ever held membership in the Capital Area Association of REALTORS® \_\_\_\_\_

10. Have you ever been a member of another REALTOR® Association? \_\_\_\_\_

11. State the name of any real estate Board of which you are now a member and the type of membership you hold  
\_\_\_\_\_

The below undersigned applicant understands that by providing the association with the applicant's mailing address(es), email address(es), telephone number(s), and fax number(s), applicant consents to receive communications, advertisements and solicitations sent by or on behalf of the Capital Area Association of REALTORS®, its subsidiaries and affiliates, namely the Illinois Association of REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s) provided.

Referred by: \_\_\_\_\_

Date \_\_\_\_\_

Signature



Office Use Only: Received \_\_\_/\_\_\_/\_\_\_ Newsletter \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ NRDS: \_\_\_\_\_





## **Affiliate Affidavit**

Attached is a copy of pertinent sections of Article IV, Membership Classification, of the Bylaws of the Capital Area Association of REALTORS®. Article IV sets forth, among other things, the definition of an Affiliate member.

I hereby affirm under oath that I am eligible to be or to remain an Affiliate member of the Capital Area Association of REALTORS®; that I am not engaged in the business of representing buyers or sellers in the sale or lease of real estate nor do I accept referral fees from buyers or sellers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature