

APPLICATION FOR AFFILIATE MEMBERSHIP
Incline Village Board of REALTORS®
924 Incline Way, Suite I
Incline Village, NV 89451
775-831-3777 Fax: 775-831-1386
www.inclinerealtors.com

I hereby apply for Affiliate Membership in the Incline Village Board of REALTORS®, enclosing my check for fees in the amount of \$_____, which amount is to be returned to me in the event of non-election. I irrevocably waive all claims against the Board or any of its officers, directors or members for any act in connection with the business of the Board, and particularly as to its acts in electing or failure to elect, advancing, suspending, expelling, otherwise disciplining me as a member. Upon the expiration of said membership for any cause, I will return to the Board all certificates, signs, seals or other indications of membership in the Board and the Nevada Association of REALTORS®. I hereby submit the following information.

Office Name: _____

Contact Name: _____

Mailing Address: _____

Mailing City, State, Zip: _____

Physical Address: (if different) _____

Phone Number: (_____) _____ - _____ Fax: (_____) _____ - _____

Email Address: _____ Web Site: _____

Title and/or position with firm: _____

Check whether:

Individual _____ DBA _____ Partnership _____ Corp. _____ Office in Business Zone? Y ___ N ___

Partner, Associates, Officers, {if a corporation} _____

Do you hold a Nevada Real Estate License? Y ___ N ___ If yes License Number _____

Are you a member of another Nevada Board or Association of REALTORS®? Y ___ N ___

If Yes which one? _____ Reno/Sparks AOR _____ Sierra Nevada AOR _____ Elko BOR _____ Greater Las Vegas AOR
(Please provide letter of good standing from Primary Association)

I agree to pay the established fees as long as I remain a member of the Incline Village Board of REALTORS®, and understand that present fees are pro-rated on a quarterly basis. All State and Local dues are billed on an annual basis on December 1st for the next year.

MLS Dues are billed every quarter. Statements are prepared at the month prior to each quarter, and are due on the dates of December 31st, March 31st, June 30th, and September 30th. Please notify your accounts payable department to avoid the \$150 late penalty.

I certify that I have obtained the necessary Licenses and permits to do business in Incline Village.

Applicant's Signature: _____ Date: _____