



POCONO MOUNTAINS Association of REALTORS®

AFFILIATE MEMBERSHIP APPLICATION

As a duly authorized officer of _____ (hereinafter the “Company”) I hereby apply on its behalf for a Corporate ‘AFFILIATE’ Membership in the Pocono Mountains Association of REALTORS®, Inc. (hereinafter the “Association”). The Company’s check in the amount of \$_____ is enclosed. The Billing period runs from January through December and the annual fee is \$180.00. Dues are prorated on a monthly basis.

(Please print or type) Applicant’s Name: _____

Company: _____

Position: _____

Street Address: _____

Mailing Address : _____

Office Phone: _____ Office Fax: _____

Email Address: _____

Website URL: _____

Are you a member of any other Real Estate Boards/Associations? YES or NO

If yes, name of Boards/Associations: _____

Do you hold an active Pennsylvania Real Estate license or Appraiser’s license? YES or NO

Are there now, or have there been within five years, any complaints against you or the firm with which you are associated before any state real estate regulatory agency or other agency of government? YES or NO

If yes, explain: _____

Business Type and Description of Services: _____

Real Estate References (include email and phone number): (2) _____

Personal References: (include email and phone number): (2) _____

How did you hear about Affiliate Membership with PMAR? (Example: Website, another Affiliate member, a REALTOR member, etc.): _____

The Company is aware that its Membership Application may be denied if it is determined that a conflict exists between the services offered by the Company and those services typically provided by a licensed real estate company in Pennsylvania. The existence of a conflict will be at the sole determination of the Association.

Initial: _____

I agree that, if accepted for Affiliate membership into the Pocono Mountains Association of REALTORS®, I shall pay the fees and dues as from time to time established. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. NOTE: Payments to the Pocono Mountains Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Initial: _____

The Company consents that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about the Company and its officers and directors from any member or other person, and the Company further agrees 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 shall not form the basis of any action by the Company, its successors or assigns, or any of its employees, officers or directors for slander, libel or defamation of character. As of the date of this Application, the Company has secured all necessary authorizations to operate its business legally in the Commonwealth of Pennsylvania as herein described. If approved, I am authorized to state on behalf of the Company that the Company's Affiliate Membership will be only for the business name, type and description noted herein. The Company agrees to submit to the Association any future changes to the Company's business status for its review of the Company's continued compliance as an Affiliate Member. If it is found through due process that the Company can no longer operate its business as described herein based on noncompliance with any Governmental or Professional Trade Organization's authorization, permit, permission, or licensing then the Company's Membership can be rescinded by the Association.

Initial: _____

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Initial: _____

Signature _____ Date: _____

(PMAR Administrative Use Only)

Contact Name: _____

Processed: PMAR _____ **NRDS:** _____ **Website:** _____

Quickbooks: _____ **Outlook:** _____ **Supra:** _____