

SANTA FE ASSOCIATION OF REALTORS®



APPLICATION FOR AFFILIATE MEMBERSHIP

(PLEASE COMPLETE ALL FIELDS)

AFFILIATE II

First Name _____ Middle Name _____

Last Name _____ Suffix (Jr, III, Sr, etc) _____

Nickname (DBA) _____

Office Name: _____

Office Address: _____

Office Phone: _____ Office Ext. _____ Fax: _____

Direct Line: _____ on roster **Y** or **N** Personal Office Fax: _____ on roster **Y** or **N**

Date of Birth _____

Home Address Street _____

City _____ State _____ Zip _____

Home Phone: _____ on roster **Y** or **N**

Personal Fax: _____ on roster **Y** or **N**

Cell Phone: _____ Cell Phone 2: _____

Email Address: _____

Web Page Address: _____

Are you a Licensed Real Estate Agent? **Y** _____ **N** _____

License # _____ **Exp. Date** _____

Please list any other licenses you may hold:

Donna's e-mail: donna@sfar.com
Cindy's e-mail: cindy@sfar.com
Aggie's e-mail: aggie@sfar.com
Carmen's e-mail: carmen@sfar.com
Janelle's e-mail: janelle@sfar.com
Paco's e-mail: paco@sfar.com