



LODI ASSOCIATION OF REALTORS®

777 S. Ham Lane, Ste. B, Lodi, CA 95242

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AFFILIATE APPLICATION FOR MEMBERSHIP

Firm Name: _____

Check whether: Individual ___ Partnership ___ Corporation ___

Firm Address: _____

City: _____ State: _____ Zip: _____

Firm Telephone Number: _____ Firm Fax Number: _____

Firm E-Mail: _____

Name to be shown on Roster: _____

(Can have up to three names on Roster)

E-Mail: _____

Additional Name: _____

E-Mail: _____

Additional Name: _____

E-Mail: _____

I agree to pay the established fees as long as I remain a member of this Association and understand that present fees are:

Initiation Fee: _____ Annual Dues are: _____ Prorated Dues Equal: _____

I irrevocably waive all claims against the Association or any of its officers, directors or members for any act in connection with the business of the Association.

As an Applicant for membership in the Lodi Association of Realtors, I certify that the answers given in this Application are true and correct.

Signature of Applicant: _____

Date: _____