



## APPLICATION FOR AFFILIATE MEMBERSHIP

*Affiliate Members are individuals who represent a firm related to the real estate profession such as title insurance companies, lending institutions, attorneys, builders, home inspectors, and companies that provide other home services.*

I hereby apply for Affiliate Membership in the South Metro Denver REALTOR® Association, Inc. (SMDRA), and I am including my payment in the amount of \$\_\_\_\_\_ which is to be returned to me in the event of non-acceptance of the application by the Board of Directors. I understand that if approved for Affiliate Membership, the amount enclosed will be the total amount of dues required for membership from the date of this application to the end of the current fiscal year. (SMDRA's fiscal year runs from October 1 through September 30.) I further acknowledge that this membership does not permit me to use the term "REALTOR®" and that I am not entitled to vote on any REALTOR® matters or have MLS access.

Although I am not subject to the Code of Ethics or its enforcement by SMDRA, I agree to abide by the principles established in the Code of Ethics of the National Association of REALTORS® and conduct my business and professional practices accordingly. I understand that I may be subject to discipline or termination upon recommendation by a hearing panel of the Professional Standards Committee for conduct which, in the opinion of the Board of Directors, reflects adversely on the terms REALTOR® or REALTORS® and the real estate industry, or for conduct that is inconsistent with or adverse to the objectives and purposes of SMDRA, the Colorado Association of REALTORS®, or the National Association of REALTORS®.

I hereby grant SMDRA my express written consent to contact me at their discretion by U.S. mail, fax, telephone, or e-mail. I understand that by providing my street address, e-mail address(es), telephone numbers(s), and fax number(s), I consent to receive communications sent from SMDRA via regular U.S. mail, e-mail, telephone, or facsimile at those numbers/locations.

**For mortgage brokers only:** I certify that I am licensed with the Director of the Colorado Division of Real Estate. Should my license with the state of Colorado cease to exist for any reason, I understand that I will no longer be an Affiliate member of the Association and that no refund will be due me. My license number is \_\_\_\_\_.  
 (If you are exempt, state the reason for exemption: \_\_\_\_\_)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANNUAL AFFILIATE DUES - \$198.00**  
 (Prorated monthly as follows, depending upon month of Application)

October \$198.00	April \$105.00
November \$182.50	May \$89.50
December \$167.00	June \$74.00
January \$151.50	July \$58.50
February \$136.00	August \$43.00
March \$120.50	September \$27.50



Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Website Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Are you licensed in Real Estate? Please check one: Yes  No  What state? \_\_\_\_\_

**Please check ONE of the following categories for classification on our website:**

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting                              | <input type="checkbox"/> Insurance (other than title)                  |
| <input type="checkbox"/> Advertising / Marketing / Printing      | <input type="checkbox"/> Interior Design / Staging / Window Treatments |
| <input type="checkbox"/> Appraiser REALTORS®                     | <input type="checkbox"/> Landscaping / Lawn Care                       |
| <input type="checkbox"/> Automotive                              | <input type="checkbox"/> Legal Services                                |
| <input type="checkbox"/> Banking / Financial Services            | <input type="checkbox"/> Misc. Home Services                           |
| <input type="checkbox"/> Builders / Developers                   | <input type="checkbox"/> Mortgage / Lenders                            |
| <input type="checkbox"/> Carpet Cleaning                         | <input type="checkbox"/> Moving / Relocation / Storage                 |
| <input type="checkbox"/> Catering / Food & Beverage              | <input type="checkbox"/> Painting                                      |
| <input type="checkbox"/> Cell Phones / Communication             | <input type="checkbox"/> Photography / Virtual Tours                   |
| <input type="checkbox"/> Computers / Internet Service / Software | <input type="checkbox"/> Plumbing / Sewer                              |
| <input type="checkbox"/> Electrical                              | <input type="checkbox"/> Property Managers (REALTORS®)                 |
| <input type="checkbox"/> Flooring                                | <input type="checkbox"/> Publications                                  |
| <input type="checkbox"/> Gifts & Promotional Items               | <input type="checkbox"/> Roofing                                       |
| <input type="checkbox"/> Heating & Air                           | <input type="checkbox"/> Title Insurance                               |
| <input type="checkbox"/> Home Improvement/Remodeling/Repair      | <input type="checkbox"/> Trash Removal                                 |
| <input type="checkbox"/> Home Inspection / Mold / Radon          | <input type="checkbox"/> Water / Fire Damage Restoration               |
| <input type="checkbox"/> Home Warranty                           | <input type="checkbox"/> Web Design                                    |
| <input type="checkbox"/> House Cleaning Services                 | <input type="checkbox"/> Other   |



## Credit Card Dues Payment Form

If you would like to use a credit card to pay your dues, please complete the following:

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

VISA     MasterCard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as Shown on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Signature \_\_\_\_\_