



SOLANO ASSOCIATION
of **REALTORS**®

Affiliate Fee Schedule

MONTH	1 PERSON OFFICE	2-5 PERSON OFFICE	6-9 PERSON OFFICE	10 + Person OFFICE
January	\$197.54	\$225.00	\$275.02	\$325.04
February	\$164.63	\$187.50	\$229.19	\$270.88
March	\$131.72	\$150.00	\$183.36	\$216.72
April	\$98.81	\$112.50	\$137.53	\$162.56
May	\$65.90	\$75.00	\$91.70	\$108.40
June	\$32.91	\$37.50	\$45.83	\$54.16
July	\$395.00	\$450.00	\$550.00	\$650.00
August	\$362.09	\$412.50	\$504.17	\$595.84
September	\$329.18	\$375.00	\$458.34	\$541.68
October	\$296.27	\$337.50	\$412.51	\$487.52
November	\$263.36	\$300.00	\$366.68	\$433.36
December	\$230.45	\$262.50	\$320.85	\$379.20

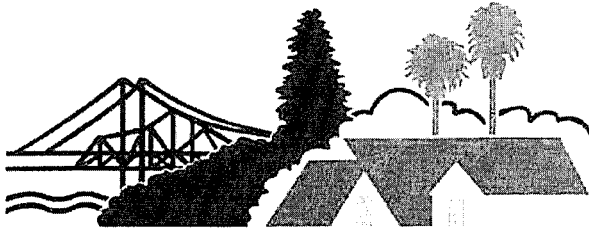
\$50.00 Application Fee (not included in above amounts)

Solano Association of REALTORS®

1302 Springs Rd., Vallejo CA 94591

Phone: 707.644.5525

Fax: 707.644.3715



SOLANO ASSOCIATION
of REALTORS®

APPLICATION FOR AFFILIATE MEMBERSHIP

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Telephone #: _____ Fax #: _____

Company Web Address: _____

Primary Contact Name: _____

Primary Contact Email Address: _____

Secondary Contact Name: _____

Mailing Address (If different from Company): _____

List all Real Estate Associations, which this company currently belongs to:

Type of business this company engages in:

***Affiliate membership and its benefits are extended to employees of the above company who are employed at the above address.**

1. I am a (check the applicable boxes):

Sole proprietor

General partner

Corporate officer

2. I certify that I have no record of official sanctions rendered by the courts or other lawful authorities within the past three years for violations of:

(a). Civil rights laws Yes, I certify. No, I cannot certify.

(b). Real estate licensing laws Yes, I certify. No, I cannot certify.

(c). Other laws prohibiting unprofessional conduct Yes, I certify. No, I cannot certify.

If you could not certify any of the above, please attach additional sheets with all relevant details about the violation(s), including the date(s), type of violation(s), and a copy of the discipline, if any.

3. Are you or your firm subject to any pending bankruptcy proceedings?

Yes

No

4. Have you or your firm been adjudged bankrupt within the last three (3) years?

Yes

No

5. Have you ever been disciplined by the DRE?

Yes. If yes, provide any relevant copies of discipline.

No.

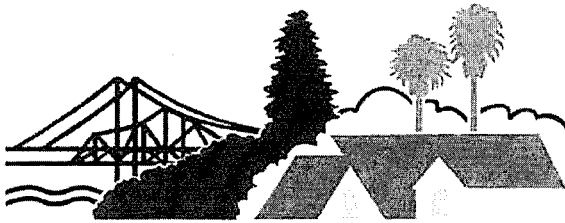
General Terms and Conditions of Membership

1. Bylaws, policies and rules. I agree to abide by the bylaws, policies and rules of the Solano Association, the bylaws, policies and rules of the California Association of REALTORS®, and the constitution, bylaws, policies and rules of the National Association of REALTORS®, all as may from time to time be amended. **2. No refund.** I understand that the Association membership dues are nonrefundable. In the event I fail to maintain eligibility for membership for any reason, I understand I will not be entitled to a refund of my dues or fees. **3. Authorization to release and use of information waiver.** I authorize the Association and/or its representatives to verify any information provided by me in this application by any method including contacting the California Department of Real Estate, The Better Business Bureau or any Association or organization where I held, or continue to hold, any type of membership. I further authorize the Association where I held, continue to hold, any type of membership to release any membership or disciplinary records to this Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics or complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards, unpaid financial obligations or delinquent fees. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of action against the Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder. I understand that this information will be kept confidential by SAOR.

By signing below, I certify that I have read this application and submit to the terms and conditions of membership and that all information given in this application is true and correct. I also authorize the Association, including the local, state and national, and their subsidiaries or representatives to fax or e-mail to me, at the fax numbers and email addresses provided, material advertising the availability of or quality of any property, promotions, goods or services offered, endorsed or promoted by the Association.

Signature of Applicant

Date of Signature



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Credit Card Authorization Form

I, _____, authorize Solano Association of
(Please Print Name of Cardholder)

REALTORS® to charge my credit card in the amount of \$ _____.

Payment Type: Visa MasterCard Discover American Express

Credit Card: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ CVC: _____

Credit Card Billing Address: _____

Phone: _____

Email Address: _____

Cardholder Signature: _____ Date: _____ / _____ / _____

**Please Note: if the credit card is denied upon 2nd attempt, a \$25 failed credit card fee will be assessed.*