



14201 E. Evans Dr. Aurora, CO 80014  
Phone (303) 369-5549 Fax (303) 369-5524

## '16-2017 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 Primary Affiliate Membership in the Aurora Association of REALTORS® (AAR), and I am enclosing my check 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. (AAR'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.

Although I am not subject to the Code of Ethics or its enforcement by AAR, 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 AAR, the Colorado Association of REALTORS®, or the National Association of REALTORS®.

I hereby grant AAR 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 AAR 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 \_\_\_\_\_

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

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

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

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Phone:  Office  Cell

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

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

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

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

Referred By (Print) \_\_\_\_\_ Signed \_\_\_\_\_

**ANNUAL AFFILIATE DUES (SILVER)- \$200.00**

*(Prorated quarterly as follows, depending upon month of Application)*

Oct. 1 <sup>st</sup> – Dec. 31 <sup>st</sup> (1 <sup>st</sup> Quarter)	\$200.00
Jan. 1 <sup>st</sup> – Mar. 31 <sup>st</sup> (2 <sup>nd</sup> Quarter)	\$150.00
Apr. 1 <sup>st</sup> – Jun. 30 <sup>th</sup> (3 <sup>rd</sup> Quarter)	\$100.00
Jul. 1 <sup>st</sup> – Sept. 30 <sup>th</sup> (4 <sup>th</sup> Quarter)	\$ 50.00

**Please select one of the following options for membership level.**

**Silver Membership:**

- Attend Friday morning marketing meetings
- AAR website recognition in Affiliate section
- Aurora Outlook subscription
- Room rental opportunities at member prices
- Participation on AAR Committees
- Advertising in Aurora Outlook
- Included in Affiliate monthly directory
- Affiliate Brochure
- Affiliate Pin
- Networking opportunities at events
- Sponsor Friday door prize
- Serve as greeters at Friday meetings

**Gold Membership:**

- **All benefits of the Silver Membership plus:**
- Placement of business cards on Gold board in lobby
- Highlighted recognition in monthly Affiliate directory
- Affiliate Ambassador opportunity
- Sponsor education classes
- Sponsor first Friday breakfast and door prize
- Publish articles in Aurora Outlook

**Membership fee for Gold is \$40 plus Silver Membership**

**Platinum Membership:**

- **All benefits of the Silver & Gold Membership plus:**
- Rotating Friday table sponsor, branding you or your company
- Hotlink on AAR Website
- Free REALTOR® roster once a year on request
- Rotating opportunity to chair REALTOR® Update meetings

**Membership fee for Platinum is \$64 plus Silver Membership**

Please link my \_\_\_\_ e-mail; \_\_\_\_ website

E-mail address \_\_\_\_\_

Website URL \_\_\_\_\_

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

- |                          |                             |
|--------------------------|-----------------------------|
| ____ Appraisers          | ____ New Home Builders      |
| ____ Cellular Phones     | ____ Financial Planning     |
| ____ Cleaning Services   | ____ Property Management    |
| ____ Government Agencies | ____ Publishing/Advertising |
| ____ Home Inspection     | ____ Title Companies        |
| ____ Home Staging        | ____ Showing Services       |
| ____ Home Warranty       | ____ 1031 Exchanges         |
| ____ Insurance           | ____ Additional Services    |
| ____ Lending/Mortgage    | ____ Other _____            |
| ____ Marketing/Printing  |                             |

**FOR ASSOCIATION USE ONLY:**

Date application received: \_\_\_\_\_ Dues amount received: \_\_\_\_\_

Date entered in database: \_\_\_\_\_ Date published in newsletter: \_\_\_\_\_

Date published on website: \_\_\_\_\_ Date approved by BOD: \_\_\_\_\_



**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 \_\_\_\_\_

Please charge my:  VISA  MasterCard  American Express  Discover

Name as it appears on card \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorizing Signature \_\_\_\_\_