



# Southwest Los Angeles Association of REALTORS®

## Affiliate Membership Application

*Applicant Information- Please Print-*

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

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

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

City, State, Zip Code: \_\_\_\_\_

Company Telephone Number (\_\_\_\_) (\_\_\_\_ - \_\_\_\_ ) Fax Number (\_\_\_\_) (\_\_\_\_ - \_\_\_\_)

Cell Phone Number: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_)

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

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

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

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

- Which do you want as your primary mailing address?  Company  Home

### Type of Membership (please check one)

<input type="checkbox"/>	Escrow	<input type="checkbox"/>	Bank Home Loan Service	<input type="checkbox"/>	Property Disclosure
<input type="checkbox"/>	Home Warranty	<input type="checkbox"/>	Lender/Private	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Home Inspection	<input type="checkbox"/>	Mortgage Company	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Pest Control	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Property Management	<input type="checkbox"/>	License Contractor
<input type="checkbox"/>	Title Company	<input type="checkbox"/>	Website/Virtual Tour	<input type="checkbox"/>	
<input type="checkbox"/>	Insurance Company	<input type="checkbox"/>	Printing	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Appraiser	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

\_\_\_\_\_ Your Affiliation with the California Association of REALTORS® (C.A.R.) is Optional. If you chose to be a C.A.R. Affiliate the C.A.R. dues are due at the time of SWLAAOR application.

### Acceptance of Membership

My Signature below indicates that I understand and accept that all dues and fees are payable upon submission of Application.

*Applicant's Signature* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

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