



**SOUTHEAST ARIZONA ASSOCIATION OF REALTORS®, INC.
SOUTHEAST ARIZONA MULTIPLE LISTING SERVICE, INC.**

125 S. Second Street
Sierra Vista, AZ 85635
(520) 458-7802 Fax (520) 458-7620

Affiliate Associate Application for Membership

As of January 1, 2016

Please print or type information

\$35.00 Annual Fee

_____ Date of Application

_____ Designated Business Affiliate Name

_____ Telephone Number

_____ Fax Number

_____ Designated Business Affiliate Address

_____ City, State and Zip

_____ Email Address

_____ Publish on Website Yes No

_____ Web-Site

_____ Publish on Website Yes No

Please describe the nature of your business: _____

List the reasons for requesting Affiliate Associate Membership: _____

The above stated individual is hereby applying for Affiliate Associate Membership. While not engaged in the real estate profession as defined in the Southeast Arizona Association of REALTORS® Bylaws, ARTICLE II, I am in sympathy with the objectives of the Southeast Arizona Association of REALTORS® and have a vested interest in acquiring real estate information that is generated through the Association. While not engaged in the real estate profession as defined in the Southeast Arizona Multiple Listing Service, Inc. Bylaws, ARTICLE II, I am in sympathy with the objectives of the Southeast Arizona Multiple Listing Service, Inc. and have a vested interest in acquiring real estate information that is generated through the Service. I understand that I will be entitled to attend any and all regular meetings of the Southeast Arizona Association of REALTORS® and the Southeast Arizona Multiple Listing Service, Inc. except those designated for Active Members and enjoy the privileges thereof, with the exceptions of the right to vote (Affiliate Director only), hold office (Affiliate Director only), and use the term REALTORS®, Inc.

_____ Signature of Affiliate Associate Applying

_____ Southeast Arizona Association of REALTORS®
Southeast Arizona Multiple Listing Service, Inc.

As the Designated Business Affiliate I approve the application for a member of my business to be an Affiliate Associate.

_____ Designated Business Affiliate

_____ Date