



AFFILIATE APPLICATION FOR MEMBERSHIP

LODI ASSOCIATION OF REALTORS®

Firm Name: _____

Check whether: Individual _____ Partnership _____ Corporation _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Firm Telephone Number: _____ Firm Fax Number: _____

Firm E-Mail: _____

Company Website Address: _____

Please email your company logo (.jpg, .gif, .pdf)

Up to 3 names will be shown on our Roster:

Primary Contact Name: _____

Primary Contact E-Mail: _____

Additional Name: _____ E-Mail: _____

Additional Name: _____ E-Mail: _____

I agree to pay the established fees as long as I remain a member of this Association and understand that present fees are:

Initiation Fee: _____ Annual Dues are: _____ Prorated Dues : _____

I irrevocably waive all claims against the Association or any of its officers, directors or members for any act in connection with the business of the Association. As an Applicant for membership in the Lodi Association of Realtors®, I certify that the answers given in this Application are true and correct.

Signature of Applicant: _____

Date: _____

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