



# 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) to: [Stephanie@connectlar.org](mailto:Stephanie@connectlar.org)**

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: \_\_\_\_\_

777 S. Ham Lane Suite B  
Lodi, CA 95242  
Ph: 209-368-5316  
Fax: 209-368-8289

1620 N. Carpenter Rd #D48  
Modesto, CA 95351  
Ph: 209-523-5316  
Fax: 209-523-5317

For Office Use Only:

Logo Received: \_\_\_\_\_ Date: \_\_\_\_\_

Logo Uploaded: \_\_\_\_\_ Date: \_\_\_\_\_