



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: _____

Billing Contact info same as above

Billing Contact Name : _____

Billing Address: _____

Company Website Address: _____

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

Lodi Office
777 S. Ham Lane Suite B , Lodi Ca 95242
Ph: 209-368-5316 Fx: 209-368-8289

Modesto Office
1620 N. Carpenter Rd. Ste D48, Modesto Ca 95351
Ph: 209-568-5316 Fx: 209-568-5317

For Office Use Only:

Logo Received: _____ Date: _____

Logo Uploaded: _____ Date: _____