



ROCKPORT AREA ASSOCIATION OF REALTORS®
2802 Traylor Blvd.
Rockport, Texas 78382
(361) 729-6002 Fax (361) 729-7253

Application for Affiliate Membership

To: The Rockport Area Association of Realtors®:

I hereby apply for Affiliate Membership* in the above-named association, enclosing my check in the amount of \$_____**. I agree to abide by its Constitution and Bylaws, Rules and Regulations, and the Code of Ethics of the National Association of Realtors®. I irrevocably waive all claims against the Board or any of its Officers, Directors or Members for any act in connection with the business of the Board, and particularly as to its or their acts in electing or a failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term "REALTOR®" (If my membership has included right to its use) and return to the Board all certificates, signs, seals or other indications of membership of the Association and the Texas Association of Realtors®.

*Active Membership includes the TEXAS ASSOCIATION OF REALTORS®.

**Dues payments to the Rockport Area Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payment may be tax deductible as ordinary and necessary business expenses.

Name of Applicant

Month & Day of Birth

Social Security Number

State License Number

Company Name

Home Phone

Street Address

Office Phone

Billing Address

Office Fax

E-mail Address

Website Address

NOTE: Applicant acknowledges that the Board requires a 30 day written notice to resign from the Association.

***By providing your fax number and signature on this form, you are agreeing to receive Rockport Area Association of REALTORS® event notices and forms, or member information and advertising from the Rockport Area Association of REALTORS® that may be of interest to you by fax. In accordance with the Rockport Area Association of REALTORS® privacy commitment, RAAR will not share this information or use it for any other purpose.**

Date

Signature of Applicant