



TEHACHAPI AREA ASSOCIATION  
OF REALTORS®, INC.

110 East Tehachapi Blvd  
Tehachapi, CA 93561  
661-822-7652  
661-822-3459 Fax  
taar@bak.rr.com

**AFFILIATE APPLICATION FOR MEMBERSHIP**

Each firm is allowed four representatives who will be able to participate in TAAR sponsored events \$25 for each additional representative.

**APPLICANT INFORMATION**

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date: (MM\_\_\_\_/DD\_\_\_\_)

Applicant Name \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Preferred contact phone (\_\_\_\_) \_\_\_\_\_ Indicate type: \_\_\_\_ cell \_\_\_\_ home \_\_\_\_ office

**OFFICE INFORMATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone (\_\_\_\_) \_\_\_\_\_ Street City State Zip Firm Fax: (\_\_\_\_) \_\_\_\_\_

Type of Business \_\_\_\_\_

**PAYMENT INFORMATION**

MC VISA DISCOVER CHECK Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

I hereby apply for Affiliate membership and I have enclosed payment for the Affiliate membership fees for Tehachapi Area Association of REALTORS®, which I understand are not refundable or transferable unless this application is not accepted. I agree to pay the established fees as long as I remain a member of this Association. I certify that the answers given in this application are true and correct and I agree to contact the TAAR office with any changes, and I authorize said Association's representatives to verify statements herein made by me.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Board approval Date \_\_\_\_\_

Thank you for applying for Affiliate membership at the Tehachapi Area Association of REALTORS®. We warmly invite you to attend our monthly General Membership Meetings held the first Thursday of every month and our weekly Caravan meetings every Thursday both meetings begin at 9:00am at the TAAR office. We want to encourage you to get involved by joining the Affiliate committee, Special Events committee or our Education and Legislative committee. For more information go to [www.tehachapiaor.com](http://www.tehachapiaor.com) or contact us at 661-822-7652.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

**REPRESENTATIVE INFORMATION**

**Rep Name #2**

\_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birthday MM\_\_\_\_/DD\_\_\_\_\_

**Rep Name # 3**

\_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birthday MM\_\_\_\_/DD\_\_\_\_\_

**Rep Name #4**

\_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Birthday MM\_\_\_\_/DD\_\_\_\_\_

**2010 DUES SCHEDULE**

**Affiliate Status Prorated 2010 Dues Schedule  
Effective January 1, 2010**

Received Application	Application Fee*	Annual Dues	Total
January	150.00	300.00	450.00
February	150.00	275.00	425.00
March	150.00	250.00	400.00
April	150.00	225.00	375.00
May	150.00	200.00	350.00
June	150.00	175.00	325.00
July	150.00	150.00	300.00
August	150.00	125.00	275.00
September	150.00	100.00	250.00
October	150.00	75.00	225.00
November	150.00	50.00	200.00
December	150.00	2011 Yearly Dues to be Charged	

\* Application Fee is a one-time fee. If you do not renew your membership you will be charged an application fee. Each office is allowed 4 representatives

Please send your Logo and a paragraph describing your company for use in the Newsletter, and other advertising. Your Logo and business information will not be used without prior written approval from you.