



# Western Magic Valley Realtors®

## Affiliate Application

COMPANY NAME .....

OWNER .....

MAILING ADDRESS .....

BUSINESS ADDRESS .....

CITY/STATE/ZIP .....

CELL PHONE..... FAX .....

EMAIL: .....

WHO WILL ATTEND MEETINGS: .....

REFERENCES: 1) .....

2) .....

BRIEF DESCRIPTION OF YOUR BUSINESS: .....

I HEREBY APPLY FOR **AFFILIATE MEMBERSHIP** IN THE WESTERN MAGIC VALLEY REALTORS®, BY ENCLOSING MY CHECK IN THE AMOUNT OF **\$275.00**, PLUS AN OPTIONAL **\$25.00** FOR AN AFFILIATE MEMBERSHIP IN THE IDAHO ASSOCIATION OF REALTORS®. MY CHECK WILL BE RETURNED IN THE EVENT OF NON-ELECTION. IN THE EVENT OF MY ELECTION, I AGREE TO ABIDE BY THE CONSTITUTION, BYLAWS, RULES AND REGULATIONS OF THE ABOVE ASSOCIATION. I CONSENT THAT THE ASSOCIATION, THROUGH ITS MEMBERSHIP COMMITTEE OR OTHERWISE, MAY INVITE AND RECEIVE INFORMATION AND COMMENT ABOUT ME FROM ANY MEMBER OR OTHER PERSON, AND I FURTHER AGREE THAT ANY INFORMATION AND COMMENT FURNISHED TO THE ASSOCIATION BY ANY PERSON IN RESPONSE TO THE INVITATION SHALL BE CONCLUSIVELY DEEMED TO BE PRIVILEGED AND NOT FORM THE BASIS OF ANY ACTION BY ME FOR SLANDER, LIBEL OR DEFAMATION OF CHARACTER.

I UNDERSTAND I WILL BE BILLED ANNUALLY AND THAT I WILL RECEIVE NOTICE TO ATTEND THE ASSOCIATION MEETINGS.

I HEREBY SUBMIT THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

### FOR OFFICE USE ONLY:

WEB PAGE \_\_\_\_\_ DIRECTORY \_\_\_\_\_

EMAIL AE\_\_\_\_ FD\_\_\_\_ GE\_\_\_\_ EMAIL BLAST \_\_\_\_\_ QB \_\_\_\_\_ NL \_\_\_\_\_