

# COBB ASSOCIATION OF REALTORS

444 Manget Street, Suite 100 - Marietta, Georgia 30060

Phone: 770-422-3900. -Fax: 770-425-4619 - Web Site: www.cobbrealtor.com

E mail: gina@cobbrealtor.com

## AFFILIATE APPLICATION

I hereby submit the following information for your consideration: (Please Print)

Name: (Ms.) (Miss) (Mrs.) (Mr.) \_\_\_\_\_

Nickname: (if Applicable) \_\_\_\_\_

Home Phone: (Optional) \_\_\_\_\_ Cell Phone: (Optional) \_\_\_\_\_

Residence Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address \_\_\_\_\_ Web Site Address \_\_\_\_\_

Do you hold an active real estate license in the state of Georgia? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Preferred Mailing Address: Home \_\_\_\_\_ Office \_\_\_\_\_

**Please circle your profession and how long you have been in the business:** Accounting Advertising Architectural Design Cellular Phone Service Computer Services Construction Education Financial Services Home Warranty Inspection Services Interior Design Legal Services Marketing Services Mortgage Services Pest Control Plumbing Services Real Estate Research Surveyors Tax Consultants Title Company Utility Other If other, please specify: \_\_\_\_\_ # of years: \_\_\_\_\_

I hereby apply for **AFFILIATE** membership in the Cobb Association of REALTORS. I am enclosing payment in the amount of \$ \_\_\_\_\_ for annual dues. This amount is to be returned to me in the event of non-election. In the event of my election, I agree to abide by the Constitution, Bylaws, and Rules and Regulations of the Cobb Association of REALTORS, the Georgia Association of REALTORS, and the National Association of REALTORS which are made available to me at the office of the Cobb Association of REALTORS, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Constitution, Bylaws, and Rules and Regulations. 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, and particularly as to its or their acts in electing or failing 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 return to the Association all certificates, signs, seals or other indications of membership in the Association, the State Association and the National Association of REALTORS. I consent that the 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.

Affiliate members shall not use the term REALTOR, REALTORS, or REALTOR-ASSOCIATE, nor the imprint of the emblem seal of the National Association of REALTORS. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I am enclosing payment of \$ \_\_\_\_\_ My method of payment is Check # \_\_\_\_\_

Visa or MasterCard \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_