

# Lompoc Valley Association of REALTORS®

## Application for Affiliate Membership

1. Name of Company: \_\_\_\_\_
2. Type of Business: \_\_\_\_\_
3. Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Office phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Website: \_\_\_\_\_
5. Local Branch address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Office Manager: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Name of applicant: \_\_\_\_\_ Position: \_\_\_\_\_
8. Phone: (dir) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_
9. Do you hold a California Real Estate License: \_\_\_yes, or \_\_\_no. If yes, license #: \_\_\_\_\_
10. Would you be interested in volunteering on a special committee: \_\_\_yes, or \_\_\_no.
11. Would you be interested in being a sponsor to a special event put on by the Association: \_\_\_ yes, or \_\_\_no.
12. Roster Information: other members of your company who will be attending any of our meetings/events.
  - Name: \_\_\_\_\_, Email: \_\_\_\_\_
  - Name: \_\_\_\_\_, Email: \_\_\_\_\_
  - Name: \_\_\_\_\_, Email: \_\_\_\_\_

I understand that I am entitled to attend Association meetings, functions, and events and to distribute information regarding my company and services. I understand that I am NOT entitled to obtain a Participants MLS login/password, or a Lockbox key. I agree to abide by the Association Bylaws, as may from time to time be amended. By signing below, I expressly authorize the Association, their subsidiaries or representatives to fax, email, phone or send by U.S. mail to me at the fax numbers, email telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the Association.

**I declare that the information given in this application is true and correct.**

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