



## AFFILIATE

## AFFILIATE MEMBERSHIP APPLICATION

**Morro Bay Office**  
830 Morro Bay Blvd,  
Morro Bay, CA 93442  
(805)772-4405

**San Luis Obispo Office**  
4251 S Higuera St #701,  
San Luis Obispo, CA 93401  
(805) 541-2282

I hereby apply for affiliate Membership with the Scenic Coast Association of REALTORS®. Enclosed is a check in the amount of \$\_\_\_\_\_, which is an annual (maybe prorated), non-refundable fee.

### CONTACT INFORMATION

Name of Firm: \_\_\_\_\_  
Firm Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Membership Category: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
I DO/DO NOT hold a valid California Real Estate License?  Yes  NO License #: \_\_\_\_\_ Exp: \_\_\_\_\_

### ADDITIONAL REPRESENTATIVE INFORMATION

Name of Affiliate: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
I DO/DO NOT hold a valid California Real Estate License?  Yes  NO License #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Affiliate: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
I DO/DO NOT hold a valid California Real Estate License?  Yes  NO License #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name of Affiliate: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
I DO/DO NOT hold a valid California Real Estate License?  Yes  NO License #: \_\_\_\_\_ Exp: \_\_\_\_\_

**I understand that this application and the fee stated include Membership in the Local of REALTORS® and agree to pay the established fees as long as I remain a Member**

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

Signature of Designated Firm Affiliate: \_\_\_\_\_ Date: \_\_\_\_\_