

AFFILIATE MEMBERSHIP APPLICATION

Applicant Name:	Title:
Company Name:	
Business License #:	City of Issue:
Company Address:	
City:	State: Zip Code:
Contact Phone:	Website:
E-mail:	
CDAR does not publish e-mail addresses nor sell, l	oan or rent member e-mail addresses. Important notices are sent to our members via email.
Payment Information (VISA,	MasterCard or AMEX Only):
Credit Card #:	Exp. Date: CVV:
application. This fee covers the I hereby apply for Affiliate membershi all rules and bylaws governing Affiliate annual dues will result in termination undersigned individual , whose busine not in whole or in part be engaged in b requiring a real estate license. The im- privileges of the affiliate membership. Representative and also be entitled to to maintain eligibility for membership refund of dues and fees. I authorize CI action, including but not limited to, sla processing of this application or use of committees, or members. CDAR Affilia	<u>D0 per applicant.</u> Each member must fill out their own e calendar year, and will be prorated quarterly. p to The California Desert Association of REALTORS [®] . I agree to abide by e membership in the Association and understand that failure to pay of membership with the Association and all Association activities. The ss is ancillary to the real estate industry within the CDAR jurisdiction, will buying, selling, exchanging, managing, leasing, renting, or other activities dividual whose name appears below is entitled to the all the benefits and Additional individuals from the same company may join as an Affiliate the same benefits and privileges. I understand that in the event that I fail for any reason under the Association Bylaws, I will not be entitled to a DAR to verify any information on this application. I waive any cause of ander, libel, or defamation of character resulting from such verification or f information gathered CDAR, C.A.R., N.A.R., their agents, employees, ite membership is not transferrable or refundable. I understand that it, refuse, decline or terminate Affiliate membership at any time.
Signature:	Date:
	OFFICE USE ONLY
MEMBER #:	OFFICE #:

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