



NRDS ID (if transfer) _____
Sub-class _____
Dues Owed _____
Intended start date _____

APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for an Affiliate membership to the Kent Washington Association of REALTORS®.

CONTACT INFORMATION

Name _____ Nickname _____
(First Name M.I. Last Name)
 Title or position with the firm _____
 Preferred e-mail address _____ Cell Phone Number _____

CONTACT PREFERENCES

ASSOCIATION MEMBERSHIP

Phone	<input type="checkbox"/> Office	<input type="checkbox"/> Cell	(Check one)
Fax	<input type="checkbox"/> Office	<input type="checkbox"/> Local	
Mailing address	<input type="checkbox"/> Office	<input type="checkbox"/> Other	

OFFICE INFORMATION

PRIMARY BUSINESS FIELD

Company Name _____
 Address _____ Unit/Suite _____
 City, State Zip _____
 Office phone: _____ Office fax: _____
 Office Mailing Address (if different from above)
 Address _____ Unit/Suite _____
 City, State Zip _____

- Mortgage/Banking
- Attorney
- Title
- Inspection
- Cleaning & Restoration
- Media
- Other: _____

In making application, I hereby irrevocably waive claim or right of action or any right or claim in equity that I might have at any time hereafter against the KENT WASHINGTON ASSOCIATION OF REALTORS®, its directors, officers, committee members, and other officials either as a group or as individuals, for any act in connection with the business of the Association.

**The above application has been read by me and I certify to the correctness thereof and approve.
 I understand that all dues/fees paid are not refundable.**

Applicant signature _____ Date _____