

The cost of becoming an AFFILIATE member of the REALTOR® Association of Prince William for 2010 is:

Primary Representative			Additional Representative(s)				
	Application	PWAR	TOTAL		Application	PWAR	TOTAL
	Fee	Dues			Fee	Dues	
January	\$ 75.00	\$ 175.00	\$ 250.00		\$ 50.00	\$ 125.00	\$ 175.00
February	\$ 75.00	\$ 175.00	\$ 250.00		\$ 50.00	\$ 125.00	\$ 175.00
March	\$ 75.00	\$ 175.00	\$ 250.00		\$ 50.00	\$ 125.00	\$ 175.00
April	\$ 75.00	\$ 131.25	\$ 206.25		\$ 50.00	\$ 93.75	\$ 143.75
May	\$ 75.00	\$ 131.25	\$ 206.25		\$ 50.00	\$ 93.75	\$ 143.75
June	\$ 75.00	\$ 131.25	\$ 206.25		\$ 50.00	\$ 93.75	\$ 143.75
July	\$ 75.00	\$ 87.50	\$ 162.50		\$ 50.00	\$ 62.50	\$ 112.50
August	\$ 75.00	\$ 87.50	\$ 162.50		\$ 50.00	\$ 62.50	\$ 112.50
September	\$ 75.00	\$ 87.50	\$ 162.50		\$ 50.00	\$ 62.50	\$ 112.50
October	\$ 75.00	\$ 43.75	\$ 118.75		\$ 50.00	\$ 31.25	\$ 81.25
November	\$ 75.00	\$ 43.75	\$ 118.75		\$ 50.00	\$ 31.25	\$ 81.25
December	\$ 75.00	\$ 43.75	\$ 118.75		\$ 50.00	\$ 31.25	\$ 81.25

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**TRANSFER OF MEMBERSHIP**

Membership can be transferred from one individual to another within the same office. If the Company originally paid for membership, then all that is required is a release of membership on company letterhead to the new member.

If the individual paid for the membership, that individual is free to change firms and membership remains in tact. A written "Change of Membership Status" form must be filed with the Association.

**KEY ACCESS**

Affiliate members are eligible for limited access SentiLock keys to open lockboxes. To lease a key, applicant must come to the PWAR office during normal business hours (Monday – Friday, 9 a.m. – 4:30 p.m.). Fees apply.

**PAYMENT**

Please complete the front of this form and return with payment to PWAR.

**Paying by credit card?** You may fax your application and payment to April McMillan - 703-565-0039

**Paying by check?** You may mail or drop off your application and payment to PWAR, April McMillan, 4545 Daisy Reid Avenue, Ste. 150, Woodbridge, VA 22192.

**Returned check fee \$50**

**REALTOR® Association of Prince William**

**2010 APPLICATION FOR AFFILIATE MEMBERSHIP**

4545 Daisy Reid Avenue, Ste. 150, Woodbridge, VA 22192

(703) 565-0033, Fax (703) 565-0039

Email – april@pwar.com

\_\_\_\_\_, 2010

I hereby apply for AFFILIATE membership in the REALTORS® Association of Prince William. I am enclosing my payment in the amount of \$ \_\_\_\_\_, which includes application fee and dues for the firm and one representative. 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 failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member.

I hereby submit the following information for your consideration:

Name of Firm: \_\_\_\_\_ Office Phone # \_\_\_\_\_

Type of Business: \_\_\_\_\_ Office Fax # \_\_\_\_\_

Office Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Web site: \_\_\_\_\_

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**Primary Representative** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list any other languages that you speak: \_\_\_\_\_

Are you licensed?  Yes  No If yes, what type of license? \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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**Secondary Representative** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list any other languages that you speak: \_\_\_\_\_

Are you licensed?  Yes  No If yes, what type of license? \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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**Payment Method**

If you wish to pay for your Association fees by either **Visa or Master Card**, please attach a separate sheet with the following information: A statement authorizing PWAR to charge the dues to the card, name as displayed on the credit card, credit card #, expiration date, and signature of the card owner. **Note: The statement will be destroyed after processing is complete.**

**FOR OFFICE USE ONLY**

Date processed \_\_\_\_\_ Office # \_\_\_\_\_ Member # (P) \_\_\_\_\_ (S) \_\_\_\_\_ Processors initials \_\_\_\_\_