



FOR OFFICE USE ONLY	
Member #	_____
Office #	_____
Primary / Secondary	(circle one)
NRDS #	_____

Affiliate Membership Application

Applicant

Membership Type: Primary Secondary

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address (required) _____

Personal Website _____

Language(s) spoken _____

Are you licensed? Yes No If yes, what type of license & license number? _____

Are you licensed in any other state? Yes No If yes, in which State _____ Date Licensed _____ Expiration Date _____

Preferred Contact Number Home Cell Office Preferred Mailing Address Home Office

Office

Office Name _____

Office Type _____ (This is the category you will be placed in on www.pwar.com)

Office Address _____

City _____ State _____ ZIP _____

Office Phone _____ Office Fax _____

Office Website _____

Dues/Fees

	Primary			Secondary		
	Application Fee	Dues	Total	Application Fee	Dues	Total
January-March	\$75.00	\$225.00	\$300.00	\$50.00	\$150.00	\$200.00
April-June	\$75.00	\$168.75	\$243.75	\$50.00	\$112.50	\$162.50
July-September	\$75.00	\$112.50	\$187.50	\$50.00	\$75.00	\$125.00
October-December	\$75.00	\$56.25	\$131.25	\$50.00	\$37.50	\$87.50

I hereby apply for membership in the REALTOR® Association of Prince William (PWAR), and I have enclosed my payment in the amount of \$_____ which I understand will only be refunded in the event I am not accepted for membership. The fees include application fee and dues for 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.

DUES/FEES There will be no refund of dues or fees paid by the applicant unless applicant is denied membership.

FORMS OF PAYMENT PWAR accepts Cash, Check, Visa, MasterCard, Discover and American Express for fees. Returned check fee \$50.

If you wish to pay by credit card please attach a separate sheet with the following information: Name as displayed on credit card, Credit card number, Expiration date and the signature of authorized user. You may also download our credit card authorization form on our website at www.pwar.com. This separate sheet will be destroyed after processing.

SIGNATURES

I hereby certify that the foregoing information furnished by me is true and correct and I agree that failure to provide complete and accurate information as requested, or any misstatement of facts is grounds for revoking my membership, if granted.

Applicant

Date _____

Revised 1/4/21