

OAK PARK AREA ASSOCIATION OF REALTORS® **APPLICATION FOR AFFILIATE MEMBERSHIP**

I hereby apply for Affiliate membership in the Oak Park Area Association of REALTORS[®] and enclose my check in the amount of \$, which I understand will be returned to me in the event I am not accepted to membership. I consent that and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person. I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

NOTE: Dues payments to the Board/Association are not tax-deductible as charitable contributions. Portions of such payments may be tax-deductible as ordinary and necessary business expenses.

Name				
(please print)				
Address				
City	Zip			
Phone ()	Fax ()			
Home Address				
City	Zip Phone ()			
1. Do you hold an active real estate license?	YesNo			
2. Are you a member of an Institute, Society, or Council affiliated with the National Association of REALTORS [®] ?				
YesNo				
(IF "YES") Indicate the name of the affiliation				
	or Association that is affiliated with the National Association of other Board or Association within the past three (3) years?			
YesNo				
1049 Lake Street, Suite 200 7	708.386.0150 Page 1			

I hereby submit the following information for your consideration:

4.	Have you ever been refused membership in any other real estate Association or Board? Yes No				
	(IF "YES") What Association or Board and location?				
5.	Have you been a user or subscriber within the past three (3) years in a Multiple Listing Service that is owned and operated by a Board or Association affiliated with the National Association of REALTORS [®] ?				
	YesNo				
	(IF "YES") List the name of each MLS and approximate dates	s of participation.			
	Name of MLS(s)	pproximate dates of	fparticipation		
6.	Are you actively engaged in the real estate profession?	Yes	No		
7.	. If you answered yes to the above, please complete the following:				
	Real Estate License Number St Apraiser License/Certification Number Home Inspector Number Mortgage Banking License Number				
8. 9.	, , , , , , , , , , , , , , , , , , , ,		Yes	No No	

If accepted for membership in the Oak Park Area Association of REALTORS[®], I further agree to pay the current fees and dues as established.

APPROVED BY THE BOARD OF DIRECTORS

Date



FACSIMILE, E-MAIL, AND COMMUNICATIONS CONSENT FORM

By providing my e-mail address, I consent to receive communications, advertisements, and solicitations sent by or on behalf of the Oak Park Area Association of REALTORS[®], its subsidiaries, and affiliates, namely the Illinois Association of REALTORS[®] and the National Association of REALTORS[®] via e-mail.

I understand that the Oak Park Area Association of REALTORS[®] will not share my e-mail address with any other organization.

My preferred method of communication is:

e-mail mail	phone no p	preference					
Print or type name:							
Signature:		Date:					
Company name:							
Company address:							
City:	State:	Ζ	ip:				
Company phone number: ()							
Print e-mail address:							
Website Address:							
Cell: ()							
Fax: ()	Additional: ()					