



**West Volusia Association of  
REALTORS®  
Checklist for Affiliate Membership  
Opening Doors and Creating Relationships**

**Please attach the following when making application:**

- \_\_\_\_\_ Application for Affiliate Membership
- \_\_\_\_\_ Copy of Florida Business License (if applicable)
- \_\_\_\_\_ Copy of Occupational License (if required by County)
- \_\_\_\_\_ Check/CC Authorization for Affiliate Dues + Application Fee \$50 (see below)

**Payment Method**

Check enclosed in the amount of \$ \_\_\_\_\_ via Check # \_\_\_\_\_ Date: \_\_\_\_\_

I authorize WVAR to charge \$ \_\_\_\_\_ to my  Visa  MC  Discover  AMEX

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*I authorize WVAR to charge my credit card*

**Quarterly Pro-Rata Dues & Fees – Affiliates**

January – March	\$ 125.00 + \$50 fee = \$175.00
April – June	\$ 93.75 + \$50 fee = \$143.75
July – September	\$ 62.50 + \$50 fee = \$112.50
October – December	\$ 31.25 + \$50 fee = \$ 81.25



**West Volusia Association of REALTORS®**  
**Affiliate Business Partners Membership Application**  
**Opening Doors and Creating Relationships**

I/we, hereby apply for Affiliate Business Partner membership in the West Volusia Association of REALTORS®. I/we understand that Affiliate membership in the West Volusia Association of REALTORS® is in a non-voting capacity. I/we understand that all membership applications will be reviewed for approval by the West Volusia Association of REALTORS® Board of Directors. I/we agree to abide by the constitution, bylaws, and policies of the Association.

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Business Type:**

- Attorneys  Education  Media  Banking  Land Surveyor  CPA  Financial/Mortgage  Title Co.
- Insurance  Builder  Inspection  Storage  Cleaning  Other

Length of time you have been active in your profession: \_\_\_\_\_

I am employed \_\_\_ full time, or \_\_\_ part-time in my profession.

I am able to make a commitment to attend monthly meetings and other special events or send a substitute.  
Y\_\_\_ N\_\_\_

Please provide a brief bio on your company/organization and give a brief description of products/services, and the benefits they would provide REALTORS®: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I belong to other professional or referral groups: Y \_\_\_ N \_\_\_ If so, please list other organizations you belong to: (i.e. Chamber of commerce, Rotary, Etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues

Annual Affiliate Business Partners membership runs January through December. Annual dues are \$125 plus a one-time application fee of \$50. Dues are pro-rated quarterly. I/we understand that the membership fee includes one primary contact member and up to two additional individuals from our firm. Additional individuals within the firm may join at a reduced rate of \$25 per person. I/we understand that the dues are non-transferable and non-refundable.

I HEREBY certify that my company does not engage in real estate brokerage or appraisal. It is agreed and understood if I own or am affiliated with another company/companies, I agree to only promote the company making this application. If I desire to promote any other company affiliations, I will make separate application for membership for those companies.

By signing below, I consent that the REALTOR® Associations (local, state, and national) and their subsidiaries, if any, may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications part of my membership.

I affirm that the information contained herein is true and accurate.

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Signature of Applicant

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Date