



WESTERN UPSTATE  
ASSOCIATION OF REALTORS®

**APPLICATION FOR AFFILIATE MEMBERSHIP**

I hereby apply for AFFILIATE membership in the Western Upstate Association of REALTORS®, enclosing my check for yearly dues which is to be returned to me in the event of non-election less the non-refundable application fee of \$50. In the event of my election of membership, I agree to abide by the Constitution, By-Laws, Rules and Regulations of the Western Upstate Association of REALTORS®.

I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comments about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged, and not the basis of any action by me for slander, libel, or defamation of character.

I hereby submit the following information for your consideration:

Name: (Mr/Mrs/Ms) \_\_\_\_\_

Firm: \_\_\_\_\_ Position: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
(Street) (Suite) (P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Residence Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are you a member of any other Real Estate Association?  Yes or  No

If yes, Association Name \_\_\_\_\_

Do you hold a SC Real Estate License?  Yes or  No Preferred Mail sent to:  Home or  Office

Please list member(s) of this Association who we may contact for referrals:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_