



AFFILIATE MEMBERSHIP APPLICATION

830 Morro Bay Blvd, Morro Bay, CA 93442
Phone: 805-772-4405 Fax: 805-772-1391

www.ScenicCoast.org

Please email application to ScenicEmmaHope@gmail.com

I hereby apply for affiliate Membership with the Scenic Coast Association of REALTORS®. Enclosed is a check in the amount of \$_____, which is an annual (maybe prorated), non-refundable fee.

CONTACT INFORMATION

Name of Firm: _____
Firm Address: _____ Suite: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Membership Category: _____
E-mail Address: _____ Website Address: _____
I DO/DO NOT hold a valid California Real Estate License? Yes NO License #: _____ Exp: _____

ADDITIONAL REPRESENTATIVE INFORMATION

Name of Affiliate: _____ Phone Number: _____
E-mail Address: _____ Website Address: _____
I DO/DO NOT hold a valid California Real Estate License? Yes NO License #: _____ Exp: _____

Name of Affiliate: _____ Phone Number: _____
E-mail Address: _____ Website Address: _____
I DO/DO NOT hold a valid California Real Estate License? Yes NO License #: _____ Exp: _____

Name of Affiliate: _____ Phone Number: _____
E-mail Address: _____ Website Address: _____
I DO/DO NOT hold a valid California Real Estate License? Yes NO License #: _____ Exp: _____

I understand that this application and the fee stated include Membership in the Scenic Coast Association of REALTORS® and agree to pay the established fees as long as I remain a Member

Signature of Applicant: _____ Date: _____

Signature of Designated Firm Affiliate: _____ Date: _____