



**APPLICATION FOR AFFILIATE
MEMBERSHIP**

Eugene Association of REALTORS®
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www.eugenerealtors.org
Email: memberservices@eugenerealtors.org

NEW OFFICE APPLICATION

Today's Date _____

Office Name _____
Office Address _____
City _____ State _____ Zip _____
Office Phone _____ Fax _____
Office Emails _____
Website _____

Contact Name _____
Contact Date of Birth _____ Email _____
Contact Home Address _____ City _____ Zip _____
Contact Home Phone _____ Cell# _____ Cell Provider _____
Preferred Phone: Home Office Cell Preferred Mailing: Home Office
Contact Email Address _____

I _____ hereby apply for membership in the Eugene Association of REALTORS® (EAR), which includes application fee and dues for the Eugene Association of REALTORS®

I agree that payment of dues shall evidence initial and continuing commitment to abide by EAR Policies & Procedures and Bylaws. Any member of the Association may be reprimanded, fined, placed on probation, suspended, or expelled by the EAR Board of Directors for a violation of EAR Policies & Procedures after a hearing as provided in the National Association of REALTORS® *Code of Ethics and Arbitration Manual*. Although Affiliate members are not subject to the National Association of REALTORS® *Code of Ethics*, nor its enforcement by the Association, Affiliate members are strongly encouraged to abide by the principles established in the *Code* and to conduct their business and professional practices accordingly. Further, Affiliate members may, upon recommendation of the EAR Professional Standards Committee, be subject to discipline as described above for any conduct, which in the opinion of the EAR Board of Directors, applied on a non-discriminatory basis, reflects adversely on the terms REALTOR® or REALTORS®, and the real estate industry, or for conduct that is inconsistent with or adverse to the objectives and purposes of the Eugene Association of REALTORS®, Oregon Association of REALTORS®, and National Association of REALTORS®.

Check with your CPA for portions of your dues payments which may be tax deductible as ordinary and necessary business expenses.

Signed: _____ *Date:* _____

_____ Please initial that you give EAR permission to share your email address with other EAR Members.

_____ Please initial that you give EAR permission to send occasional Text Messages

Please list names of additional Associates who wish to receive EAR Newsletter and Education emails:

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

Name: _____ Title _____ Email _____

For EAR Office Use Only

Check if not primary to Eugene Ethics/Arbitration Pending: Yes _____ No _____

Payment Type: _____ CK# _____

EAR Dues _____ OAR Dues _____

EAR Application Fee _____ EAR Reinstatement Fee _____

Member NRDS ID _____ OAR Reinstatement _____

Office NRDS ID _____ Received & Processed by _____

TOTAL Payment _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Affiliate Member Log | <input type="checkbox"/> Emails-CC & Outlook | <input type="checkbox"/> Email Navica login | <input type="checkbox"/> Website |
| <input type="checkbox"/> RMLS | <input type="checkbox"/> Welcome Letter | <input type="checkbox"/> QB | <input type="checkbox"/> Consent Agenda |
| <input type="checkbox"/> OAR Payment Log | <input type="checkbox"/> NAR Payment Log | <input type="checkbox"/> Payment to QB deposits | <input type="checkbox"/> Upload headshot in Navica |
| <input type="checkbox"/> Upload company logo in Navica | <input type="checkbox"/> Post Facebook announcement with website, headshot and logo. | | <input type="checkbox"/> Email current Roster |
| <input type="checkbox"/> Scan & upload to F Drive | Initials _____ | | |