



Sarasota Association of REALTORS®
 3590 South Tuttle Avenue
 Sarasota, FL 34239
 (941) 923-2315 • (941) 923-0191 Fax
 sarasotaREALTORS.com
info@sarasotaREALTORS.com

**AFFILIATE AUXILIARY
 APPLICATION
 FOR MEMBERSHIP**

Affiliate Auxiliary membership dues are \$50/year.

I hereby apply for Affiliate Auxiliary membership in the Sarasota Association of REALTORS®, Inc., enclosing my fees in the amount of \$50.00.

Name _____

Title _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Optional:

Home Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Affiliate Benefits

- May purchase Member mailing labels on CD
- May attend Membership breakfasts, luncheons, Installation of Officer's banquet, REALTOR® Day, & RPAC Golf Outing and other special events.
- Roster of Affiliate members by specialties available on SAR website.
- Affiliates may receive **Florida Realtor®** magazine.
- Affiliates may attend educational events.
- Affiliates may sponsor refreshments for SAR events.
- Affiliates receive the Associations monthly **Sarasota REALTOR®** magazine. This publication highlights upcoming Association activities and changes to members and offices.
- Affiliates may advertise in the Sarasota magazine at reduced rates. The magazine is sent to 3400+ SAR members.
- Affiliates may serve on selected Association committees.

I hereby affirm that I or my firm is not engaged in the real estate profession as defined in Article IV, Section 1(a) and (b) in the Sarasota Association of REALTORS® Bylaws. I do have interests requiring information concerning real estate and I am in sympathy with the objectives of the Association.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) 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 as part of my membership.

Signature

Date

Payment Method: Check #_____, Visa, MasterCard, AmEx

Account No. _____ **Exp:** _____

Signature _____ **Date:** _____

*** AUXILIARY fees are collected annually on Dec. 15th**

*** ARTICLE IV, Section 1 (a)-in part "REALTOR® Members. Realtor Members, whether primary or secondary, shall be;**

(1) Individuals who, as sole proprietors, partners, corporate officers, or branch managers, are engaged actively in the real estate profession, including buying, selling, exchanging, renting or leasing, managing, appraising for others for compensation, counseling, or financing, building, developing, or subdividing real estate, and who maintain or are associated with an established real estate office in the state of Florida or a state contiguous thereto."

*** ARTICLE IV, Section 1 (b)-Institute Affiliate Members.**

Institute Affiliate Members shall be individuals who hold a professional designation awarded by an Institute, Society or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS® that addresses a specialty area other than residential brokerage or individuals who otherwise holds a class of membership in such Institute, Society or Council that confers the right to hold office. Any such individual, if otherwise eligible, may elect to hold REALTOR® membership, subject to payment of applicable dues for such membership.