

Cedar Rapids Area Association of REALTORS®

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1860 1st Avenue NE Cedar Rapids, IA 52402
(319) 363-9604 Fax (319) 363-0892
E-mail: MelissaOlson@crrealtors.org Website: www.crrealtors.org
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Application for Affiliate Membership

Thank you for inquiring about joining our Association as an affiliate member. We hope the following information will be of assistance to you.

To join our Association, please complete the Application for Affiliate Membership and pay the affiliate membership fee of \$300.00 (year begins in January, prorated monthly), which is billed to each affiliate account on a yearly basis.

As an affiliate member, you will be able to utilize the following services:

1. Network opportunities! You will be invited to attend any of our monthly membership meetings, educational classes, and fun events that are held regularly throughout the year.
2. A monthly newsletter will be sent to you every month. In it, you will find information about our monthly membership meetings, education opportunities, events, and other real estate news.
3. A free CRAAR Electronic E-mail List, which is used as a communication tool to send information via e-mail by sending *only one* e-mail to notify *all* REALTOR® and Affiliate Members of the CRAAR.
4. Optional Book Subscriptions – Sold Sheets from Weekly Listing, Quarterly Sold, and Monthly Roster/Stats Books are available thru PropertyPress, the publishing division of Interealty (our MLS vendor). All books will be delivered directly to the subscriber. The pricing is as follows:
Sold Sheets from Weekly Listing Book - \$4.85/week
Quarterly Sold Book - \$17.25/book
Monthly Roster/Stats Book - \$14.30/book
For further questions and to subscribe - Please call 1-800-241-7813.
5. A Supra Key, which enables you entrance into a house by obtaining the house key out of a LockBox the listing agent placed on the house. You must be approved by the CRAAR to obtain a Supra Key. The pricing is as follows:
LockBox Key Deposit (one time refundable fee) \$ 65.00
Annual Lease Fee (year begins in June, prorated monthly) \$169.10
Issuance Fee (one time) \$ 60.00
Annual Lost Key Insurance (optional) \$ 25.00

If you are interested in obtaining a Supra Key, we request that you schedule an appointment with our office for approximately 30 minutes of training.

Please do not hesitate to contact us if you have any further questions.

Revised July 2009

Office Information

Office Name: _____

Office Address: _____
Address City Zip Code

Office Phone #: (____) ____ ~ ____ Office Fax #: (____) ____ ~ ____

Office E-mail Address: _____

Office Web Page: _____

Business Description: _____

Contact Person Information

Name: _____ Title: _____
First Middle Last

Direct Office Phone #: (____) ____ ~ ____ Mobile #: (____) ____ ~ ____

E-mail Address: _____

Date of Birth: _____ Mothers Maiden Name: _____

Please provide a copy of personal identification, such as a Drivers License or Photo ID.

Have you ever been convicted of a felony? Yes ___ No ___

Are you presently or have you previously been a member of any other Association of REALTORS®? Yes ___ No ___ If yes, state the association name and dates of membership:

Please list two references that belong to this association that we could refer to:

In compliance with the provisions of the By-Laws of the CRAAR, I hereby make application for affiliate membership. I agree that, if accepted for membership in the association, I shall pay the fees and dues as established. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

Signature _____ Date _____

BELOW IS FOR OFFICE USE ONLY

Date Joined: _____ Office Code: _____ Contact Code: _____

Amount: \$ _____ Payment Method: _____