



**NEWPORT BEACH ASSOCIATION OF REALTORS®
APPLICATION FOR AFFILIATE DESIGNEE**

Please indicate the type of membership:

- | | | |
|---|---|-------------------------------------|
| <input type="radio"/> Escrow | <input type="radio"/> Home Inspection | <input type="radio"/> Exterminating |
| <input type="radio"/> Title | <input type="radio"/> Home Warranty | <input type="radio"/> Other |
| <input type="radio"/> Lender/Financial Services | <input type="radio"/> Property Disclosure | _____ |

Applicant Name: _____ NBAOR 4-Digit Pin: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____

Fax: _____ Email: _____

Website: WWW. _____

See Board Dues & Fees Schedule on NBAOR website for
Application Fees or contact the Membership Department

By signing below, you are agreeing to the following:

- I understand that it is my responsibility to keep my contact information including my company information up to date with the Newport Beach Association of REALTORS®.
- I understand that it is my responsibility to notify the Newport Beach Association of REALTORS® within 10 business days if I'm no longer with the company I was most recently signed up under.
- I agree and understand the Affiliate membership dues are non-refundable.

Signature: _____

Return with payment to NBAOR, 401 Old Newport Blvd., Ste 100, Newport Beach, CA 92663 or fax to 949-631-4276. Please make checks payable to NBAOR or pay by credit card below.

Visa/MC# _____

Exp Date: _____ CVC#: _____ Amount: \$ _____