



**DENVER BOARD  
OF REALTORS®**  
-Professional Excellence-

## 2011 APPLICATION FOR AFFILIATE MEMBERSHIP

4300 East Warren Avenue | Denver, Colorado 80222 | 303.756.0553 | FAX 303.756-0669

### Primary Membership

Name \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specialty \_\_\_\_\_ Website \_\_\_\_\_

I hereby apply for Affiliate (Primary) Membership in the Denver Board of REALTORS® (DBR), enclosing my check to cover the application fees (see below) plus prorated annual dues. I am encouraged to abide by DBR's Constitution, Bylaws, Rules and Regulations, and the Code of Ethics of the National Association of REALTORS®. I irrevocably waive all claims against the Board, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise discipline me as an applicant or as a member.

**Application Fee:** \$75.00  \$ \_\_\_\_\_

**Annual Dues:** *(Prorated, based on current fiscal year of 10/1/10 through 9/30/11)*

September	\$135.42	<input type="checkbox"/>	March	\$72.92	<input type="checkbox"/>
October	\$125.00	<input type="checkbox"/>	April	\$62.50	<input type="checkbox"/>
November	\$114.58	<input type="checkbox"/>	May	\$52.08	<input type="checkbox"/>
December	\$104.17	<input type="checkbox"/>	June	\$41.67	<input type="checkbox"/>
January	\$93.75	<input type="checkbox"/>	July	\$31.25	<input type="checkbox"/>
February	\$83.33	<input type="checkbox"/>	August	\$20.83	<input type="checkbox"/>
					\$ _____
<b>Total</b>					<b>\$ _____</b>

I, the undersigned, agree to pay the established fees as long as I remain a member of the Denver Board of REALTORS®. I understand that if I fail to meet the requirements of membership, my application fee and prorated annual dues will be forfeited. I also understand that these fees are **non-refundable**. Annual membership dues include \$20 for a one year subscription to the Denver REALTOR® News. Subscription fee cannot be deducted from dues.

I have read and understand the requirements of membership in the Denver Board of REALTORS®. 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, may be grounds for revocation of my membership if granted.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the following:**

Are you now a member of any other real estate Board/Association? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give the name of the Board/Association \_\_\_\_\_  
Have you ever held membership in DBR or any other real estate Board? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give the name of the Board/Association \_\_\_\_\_  
Member From (date) \_\_\_\_\_ To (date) \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Are you presently financially indebted to any former Board/Association? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain \_\_\_\_\_

**You are not required to furnish this information, but are encouraged to do so.**

The Association will use this information to track diversity within our membership. The law provides that an Agency may neither discriminate on the basis of this information, nor whether you choose to furnish it.

*I do not wish to furnish this information (initials)* \_\_\_\_\_

**Race or National Origin:**

\_\_\_\_\_ *American Indian/Alaskan Native*  
\_\_\_\_\_ *Asian/Pacific Islander*  
\_\_\_\_\_ *Black/African American*

\_\_\_\_\_ *Hispanic/Latino*  
\_\_\_\_\_ *White*  
\_\_\_\_\_ *Other*  
*Specify:* \_\_\_\_\_

**Sex:**

\_\_\_\_\_ *Female*  
\_\_\_\_\_ *Male*

**REALTOR® Association Marketing Consent Form**

I understand that by providing my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from Denver Board of REALTORS®, Colorado Association of REALTORS®, NATIONAL ASSOCIATION OF REALTORS® via U.S. Mail, email, telephone, or facsimile at those numbers(s)/location(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_

Credit Card Expiration date: Month \_\_\_ Year \_\_\_

Signature \_\_\_\_\_