



2018 Affiliate Application

The Summit Association of REALTORS® is pleased that you are seeking Affiliate membership in our organization. Please read the application and complete all applicable sections and return it to the Association with the appropriate payment.

- As an Affiliate Member, you will have access to the **SAR Website** at: www.SummitREALTORS.org We encourage you to check it out. Here you can review all events going on with the association such as Education Classes, Membership Meetings, Special Events, Important Issues, Membership Roster, and much much more!
- Your contact information will be listed on our website in the **Go Local** section, where we drive out broker members to look for partnering companies. I will be sending you your login id & password to access the member side of the S.A.R. website.
- You may also participate in the **Listserve** (a member to member email communication tool).
- Last as a member you will be able to access the **Broker Tour**, a section of the website that hosts all the Open House Tours in a month.

Along with your general membership benefits noted above, you will also have the opportunity to sponsor Association events such as: Membership Luncheons, Continuing Education Classes, and Networking Events. For more information on how to start sponsoring, please contact me directly, I am also open to your suggestions, if it benefits the members I would love to hear about it!

When the Association receives your application and payment, it will be reviewed for approval by the Board of Directors at the monthly meeting held on the third Thursday of each month. I will email your credentials and a roster the business day after the meeting.

In the meantime, please feel free to contact me directly with any questions or go to the website to see the upcoming events you can attend. We look forward to seeing you soon!

Sincerely yours,

Mikel Traweck

Mikel Traweck
Membership Director
mikel@sarsummit.com
970-468-8700

Affiliate Membership

COMPANY NAME: _____

INDUSTRY OF BUSINESS (This is the Category you will be listed under on the SAR website):
of Employees: _____

COMPANY WEBSITE: _____

COMPANY PHONE #: _____ FAX: _____

MAILING ADDRESS: _____ City: _____ State: _____ Zip: _____

PHYSICAL ADDRESS: (If you put an address here this will be the main address with mail as a backup, if you do not have a physical just leave it blank):

DESIGNATED REPRESENTATIVE: (This individual will be the responsible party for the company)

NAME: _____

PHONE: _____ FAX: _____

EMAIL: _____

ADDITIONAL MEMBERS UNDER THE OFFICE: (These people will show under the office. If you need to add more members, please do so on another piece of paper)

NAME: _____

PHONE: _____ EMAIL: _____

I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established. I recognize that the Association may reject my application in its sole discretion and that if accepted, the Association may decline to allow me to renew as an Affiliate in its sole discretion.

Name: _____ Signed: _____ Date: _____

I WOULD LIKE TO PAY MY APPLICATION FEE AND 2018 ANNUAL DUES

With Visa Master Card Amex: Discover

Card #: _____ Expiration Date: _____

Name On Card: _____

Billing Address for Card: _____

MONTH	EMPLOYEES	DUES AMT	EMPLOYEES	DUES AMT
January - March	1 - 4	\$200.00	5+	\$300.00
April - June	1 - 4	\$150.00	5+	\$225.00
July - September	1 - 4	\$100.00	5+	\$150.00
October - December	1 - 4	\$50.00	5+	\$75.00