



# SEDONA VERDE VALLEY ASSOCIATION OF REALTORS®

859 Cove Parkway, Suite 102  
Cottonwood, Arizona 86326

PHONE: 928.282-5409  
FAX: 928.282.3559

Office Use Only
Member ID# _____
Office ID# _____

**Affiliate Mission Statement: "To provide support to REALTORS® and Affiliate Members who promote development and growth of our businesses and communities"**

## AFFILIATE MEMBER APPLICATION

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

Individual Name \_\_\_\_\_ Company/Business Name \_\_\_\_\_

Home Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Physical Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Mailing Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary phone (Preferred phone# for agents and customers to contact you): \_\_\_\_\_CELL \_\_\_\_\_WORK

E-Mail Address (Required) \_\_\_\_\_ Website \_\_\_\_\_

Type of Business \_\_\_\_\_

How will your Affiliate membership complement the Real Estate profession? \_\_\_\_\_

Referred By \_\_\_\_\_

Are you currently a REALTOR® member of SVVAR?  YES  NO

Member List (Check one):

Accounting/Tax Preparation	Home Warranty	Moving Companies
Appraisers	Insurance	Newspapers
Appliance Repair	Interior Design & Décor	Photographers
Auctioneer	Investments	Real Estate Schools
Cleaning Services	Land Surveyors	Remodeling
Computer	Landscaping	Restaurants
Construction	Locksmith	Services
Engineer (HUD/VA/Conv Loan Certification)	Magazines	Title Companies
Exterminators & Pest Control	Maintenance/Repair	Virtual Tour Companies
Home Inspections	Mortgage Lenders	Other (Please specify on line below)

Other \_\_\_\_\_

Individual Dues \$ 125.00 per year (\$62.50 after June 30<sup>th</sup>). Your check must accompany the application.

Affiliate members will have their name, company name, contact telephone and fax numbers, etc, published in the SVVAR roster and on [www.svvar.com](http://www.svvar.com).

By signing this application, you agree to abide by the SVVAR Bylaws and SVVAR Policy Statements.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit completed form to: SVVAR, 859 Cove Pkwy, Cottonwood, AZ 86326 or [Info@svvar.com](mailto:Info@svvar.com)