



AFFILIATE APPLICATION FOR MEMBERSHIP
CONEJO SIMI MOORPARK ASSOCIATION OF REALTORS®, INC.
463 PENNSFIELD PLACE SUITE 100
THOUSAND OAKS, CALIFORNIA 91360-5571

I hereby apply for Affiliate membership to the
 CONEJO SIMI MOORPARK Association OF REALTORS®, INC.

Enclosing my check for fees in the amount of \$_____, which amount is to be returned to me in the event of non-approval. I irrevocably waive all claims against the Association of any of its officers, directors or members for any act in connection with the business of the Conejo Simi Moorpark Association of REALTORS® and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as a member. Upon the expiration of said membership for any cause, I will return to the Conejo Simi Moorpark Association of REALTORS® all certificates, signs, seals or other indications of membership in the Conejo Simi Moorpark Association of REALTORS® and the California Association of Realtors®.

(Please Print or Type)

Name:		Firm Name:		
Email:	Phone Number:	Office Phone#:		
Business Address:				
		City	State	Zip
Website:	NMLS# (If Applicable):	Title or Position:		

I **do not** have an **Active** California Real Estate License. Please Initial Here _____

If you would like to become a member of C.A.R.®, I agree to pay the established fees as long as I remain a member of this Association and understand that present fees are prorated for each calendar month:

Affiliate Membership dues \$_____ plus C.A.R.® Dues \$_____ and

C.A.R.® Processing Fee (If applicable) \$_____

Applicant Signature: _____ Date: _____

Please return with payment to: **CSMAR** - By Email: to Carla Mizell Carlam@csmaor.com or By Fax: (805) 620-7700



CONEJO SIMI MOORPARK ASSOCIATION OF REALTORS®

463 Pennsfield Place, Suite #100

Thousand Oaks, CA 91360

Phone: (805) 495-4681 Fax: (805) 620-7700

CSMAR CHARGE AUTHORIZATION FORM

Name of Cardholder: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

I hereby authorize **Conejo Simi Moorpark Association of Realtors®**

to charge my MC ___ Visa ___ AE ___ for _____ in the

amount of \$ _____ Card # _____

Exp. Date _____, CVC code _____. My billing address/zip code

is _____

(Signature of Cardholder)

(Date)

Please mail form to CSMAR:

463 Pennsfield Place Suite #100, Thousand Oaks, CA 91360

or Fax to (805) 620-7700

If you have any questions, please call the CSMAR Office at (805) 495-4681.