



UCAR Affiliate Membership Application

Name _____

Title _____

Company _____

Address _____

Phone _____ Cell _____

Email _____ Web _____

I was referred for membership by _____

SPECIALTY (choose one):

- | | | |
|---|---|---|
| <input type="radio"/> Accounting/Tax Services | <input type="radio"/> Garage Doors | <input type="radio"/> Painters |
| <input type="radio"/> Appraisals | <input type="radio"/> Gutters | <input type="radio"/> Payroll |
| <input type="radio"/> Architecture | <input type="radio"/> Home Inspectors | <input type="radio"/> Pest Control |
| <input type="radio"/> Attorneys | <input type="radio"/> Home Insurance | <input type="radio"/> Plumbing |
| <input type="radio"/> Business Development | <input type="radio"/> Home Remodel/Repair | <input type="radio"/> Roofing |
| <input type="radio"/> Computer Services | <input type="radio"/> House Cleaning | <input type="radio"/> Septic Tank Service |
| <input type="radio"/> Construction | <input type="radio"/> HVAC Service | <input type="radio"/> Siding |
| <input type="radio"/> Electricians | <input type="radio"/> Landscaping | <input type="radio"/> Surveying |
| <input type="radio"/> Engineering | <input type="radio"/> Mortgage Banking | <input type="radio"/> Waterproofing |
| <input type="radio"/> Flooring | <input type="radio"/> Movers | <input type="radio"/> Windows |
| <input type="radio"/> Furniture | <input type="radio"/> Nurseries | <input type="radio"/> Wells |
| | <input type="radio"/> Oil and Propane | <input type="radio"/> Other _____ |

I (name) _____ with (company) _____

I am applying for an Affiliate membership with UCAR. I realize that this membership and fees are for me only. Others from my company who wish to attend member events will have to join UCAR as well. Should I leave my company, I am aware that my membership will continue and can be transferred to the new company.

For adequate value received and in consideration of being an affiliate member in the Association, I irrevocably waive and release any claim or right of action that I may have or acquire against the Association or any of its officers, directors or members, for any act performed in connection with the business of the Association and, particularly, as to the acts of the Association or any of its officers, directors, or members taken in approving or not approving, advancing, suspending, expelling or otherwise disciplining me as an applicant or member of the Association. I CERTIFY THAT I HAVE READ THE ABOVE AND THAT ALL INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND AND AGREE THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION AS REQUESTED, OR ANY MISSTATEMENT OF FACT, SHALL BE GROUNDS FOR REVOCATION OF MY MEMBERSHIP, IF GRANTED. I ALSO CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE UCAR BYLAWS. I agree to pay the established dues as long as I remain a Member. I acknowledge that there is a one-time application fee (see fee schedule) and initial dues are prorated according to the schedule provided with this application and are due at time of application. (ALL FEES AND DUES ARE NON-REFUNDABLE) By signing below I consent that the UCAR Realtor® Association's (local, state and national) and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax numbers and e-mail address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Date ____/____/____

Signature: _____

Dues payments to UCAR are not tax deductible as charitable contributions. However, portions of such payments may be tax deductible as ordinary and necessary business expenses. (Please consult your tax advisor.)

Method of Payment: ___ Credit Card (You will be emailed an invoice once application is approved)
___ Check (Mail to: UCAR, 2627 Brekonridge Centre Dr. #2, Monroe, NC 28110)

Return application to: ucarmonroenc@gmail.com or mail to: Union County Association of Realtors at 2627 Brekonridge Center Drive #2 Monroe, NC 28110 (704-776-4055)