

# WELCOME

to  
**Sierra Nevada  
REALTORS®**

---

Thank you for your interest in our association and its many benefits offered to your company.

We serve four wonderfully diverse counties:  
Carson, Douglas, Lyon and Churchill.

Being a partner of Sierra Nevada REALTORS® provides a platform from which you can interact, connect and build relationships with our membership and together, benefit the communities in which we serve.

For a list of benefits we offer,  
please see the Affiliate Member Packages.

Questions? Call Taryn or email [taryn@snr.realtor](mailto:taryn@snr.realtor)

300 S. Curry St. Ste 3, Carson City, NV 89703

775-885-7200

[SierraNevadaRealtors.org](http://SierraNevadaRealtors.org)



**SIERRA  
NEVADA  
REALTORS.**

**THAT'S  
WHO  
WE**   
REALTOR®

Welcome to



## Affiliate Partner Application

### Dues Schedule

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
New Office	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Local Dues	150.00	137.50	125.00	112.50	100.00	87.50	75.00	62.50	50.00	37.50	25.00	12.50
State Dues	50.00	45.83	41.67	37.50	33.33	29.17	25.00	20.83	16.67	12.50	8.33	4.17
Total Due	\$300.00	\$283.33	\$266.67	\$250.00	\$233.33	\$216.67	\$200.00	\$183.33	\$166.67	\$150.00	\$133.33	\$116.67

Affiliate member dues are prorated for the month in which the primary affiliate/company joins the association. Annual Dues thereafter will be due every January 31<sup>st</sup>.

Each branch location within a company is considered a new office and therefore will be charged a new office fee.

All additional affiliates under an office's primary affiliate membership is \$25/year.

If the primary affiliate is currently associated with another REALTOR® Association within Nevada, please report this to us, as it may change the cost.



300 S Curry St., Ste 3 / Carson City, NV 89703 / Ph 775.885.7200 / Fax 775.885.7203





# Affiliate Partner Application

## Basic Affiliate Partner Membership

Other packages available during enrollment period

### Primary Affiliate

Name:		
Phone Number:	Email:	
Firm Name:		
Firm Mailing Address:		
City:	State:	Zip:
Firm Phone Number:	Website:	
Nature of Business:		
Title or Position with Firm:		

### Additional Affiliates

You may add up to four additional team members to your account to participate in SNR events, activities, functions, committees and meetings with you or on your behalf. Cost \$25 each/year.

Name:		
Phone Number:	Email:	
Name:		
Phone Number:	Email:	
Name:		
Phone Number:	Email:	
Name:		
Phone Number:	Email:	

This membership is non-transferrable to another individual. An individual transfer to a new member company will be at no charge. If the office does not renew their membership, the individual membership will terminate as well. By signing below, I agree to abide by the SNR bylaws and policy. I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any, may contact me at the specified address, telephone, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. This consent recognizes that certain state, federal laws may place limitations on communication that I am waiving to receive all communications as part of my membership. I agree to pay the established dues in accordance with the bylaws of SNR. Payment to the Association are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. There will be no refunds.

\_\_\_\_\_  
Affiliate Signature

\_\_\_\_\_  
Date

For Office Use Only			
New <input type="checkbox"/>	Reinstate <input type="checkbox"/>	Office NRDS #	AF1 <input type="checkbox"/>
		Member NRDS #	AFX <input type="checkbox"/>
_____ Rap	_____ NRDS	_____ Const Cnt	_____ Website



**Affiliate Partner Application**  
*Payment*

## Payment Form

Please make checks payable to: Sierra Nevada REALTORS®

### Credit Card Payment Authorization



Company Name \_\_\_\_\_

Affiliate Applicant Name \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Amount to Charge \$ \_\_\_\_\_

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