



WHITE MOUNTAIN  
ASSOCIATION OF REALTORS®

5658 Highway 260, Suite D  
Wagon Wheel Professional Plaza  
928-537-1107 phone | 928-537-3788 fax  
[wmar@wmaronline.com](mailto:wmar@wmaronline.com) email  
[www.wmaronline.com](http://www.wmaronline.com) website

## MEMBERSHIP APPLICATION CHECKLIST

To ensure processing of your WMAR Membership Application to be completed as quickly as possible, please make sure all applicable lines are completed.

- All signature and initial lines are filled in and dated, where applicable, on all pages of the application
- Your User ID must be either 6-9 characters in length and must be Alpha-Numeric. **No symbols or punctuation marks**
- Your E-Mail address is complete, correct and legible
- Completed Credit Card Authorization form
- A copy of your valid photo id
- A copy of your current Arizona License
- If the White Mountain Association of REALTORS® is to be your secondary board, please include a Letter of Good Standing from your Primary Association

Your membership application will be processed within 3 business days, upon receipt of a **COMPLETE** application packet.



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**AFFILIATE® MEMBER APPLICATION**

PLEASE COMPLETE ALL FIELDS

Realizing that the White Mountain Association of REALTORS® , Inc., in cooperation with the Arizona Association of REALTORS® and the National Association of REALTORS® , endeavors to safeguard the true American principles of free enterprise in all business and professional fields, I hereby file application for Affiliate Membership in the White Mountain Association of REALTORS® , Inc.

**OFFICE INFORMATION**

Office Affiliation: \_\_\_\_\_

Company Name

Phone #

Fax

Physical Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

\_\_\_\_\_ Professional License # \_\_\_\_\_

Email Address

Website Address

Type of License: \_\_\_\_\_

I am applying for:

Affiliate Membership Only

Has this office previously held a WMAR Membership?  Yes  No

Affiliate Membership and MLS Participation

wmar. \_\_\_\_\_

REQUESTED FLEX MLS USER ID

**INDIVIDUAL CONTACT INFORMATION**

Name: \_\_\_\_\_

Last

First

MI

(Nickname)

Physical Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

\_\_\_\_\_

Home Phone

Cell Phone

Email Address

Website Address

Birthdate: \_\_\_\_\_  
mm/dd/yy

Has this individual previously held a WMAR Membership?  Yes  No

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Email address for online billing: \_\_\_\_\_

Annual Affiliate Dues \$ 100 (*please submit payment with application form*)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Your membership application will be processed within **48 business hours** upon receipt of a **COMPLETE** application.

### **AFFILIATE MEMBERSHIP INFORMATION**

Membership is available to Title Companies, Lenders, Inspectors, other entities and individuals not licensed as Real Estate Agents or Appraisers. Affiliate membership is by firm.

#### **AFFILIATE MEMBERSHIP PRIVILEGES INCLUDE:**

##### **MLS**

Access to community statistical reports  
Membership Roster

##### **Special Activities**

##### **Special Services**

Listed in the Association Membership Directory (by company and designated representative)  
May attend Association Seminars/Events/Functions at WMAR ® Affiliate discount prices  
May sponsor WMAR® Education Classes and distribute flyers  
May address the membership at general membership meetings (by appointment)  
REALTORS® of Arizona Political Action Committee (RAPAC)  
Participation in Association sponsored community projects  
IDX Data Access Feed Subscriptions available at Affiliate discount prices

##### **Participation on Committees**

Education  
Government Affairs  
Functions  
RAPAC

**CREDIT CARD INFORMATION**

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

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**NAME AS APPEARS ON CARD**

**AGENT ID/ NRDS #:** \_\_\_\_\_

**CIRCLE ONE:**

AMEX   VISA   AMERICAN EXPRESS

MASTERCARD   DISCOVER

**DATE PROCESSED:** \_\_\_\_\_

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**CREDIT CARD NUMBER**

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**EXPIRATION DATE & CVS Code**

**AMOUNT\$\$:** \_\_\_\_\_

**PAYMENT FOR:** \_\_\_\_\_

**WANTS RECEIPT?   YES   NO**

**E-MAIL ADDRESS** \_\_\_\_\_

**\*\* If paying by check, please attach check to application when submitting\*\***