

PHOENIX ASSOCIATION OF REALTORS®

New Affiliate User Pak

The following form is for individuals working for any company that is already an Affiliate member with PAR that needs a Supra Key.

For example: Owners of a Pest Control company – that is already registered with PAR as an Affiliate company – may send their employees in to PAR that need limited access to listed homes in order to perform to pick up a key card that need limited access to listed homes to treat for termites.

The following form must be signed by the Affiliate (owner) already registered with PAR in order for it to be processed.

State issued ID is required at the time of registration.

Our office is committed to providing exceptional customer service to all members and visitors of the Phoenix Association of REALTORS®. If you have any additional questions regarding directions or schedules, please feel free to give us a call at 602-246-1012.

Office Use Only:

Firm Code _____ Lamps # _____



Phoenix Association of REALTORS®
5033 N 19th Ave., Suite #119
Phoenix, AZ 85015-3294
Phone: 602-246-1012 Fax: 602-246-1512



Affiliate User Processing Form

Realizing that the Phoenix Association of REALTORS®, in cooperation with the Arizona Association of REALTORS® and the National Association of REALTORS®, endeavors to safeguard the principles of free enterprise in all business and professional fields. I hereby file processing as a user affiliated with the below mentioned Affiliate Company. I understand that my company's Affiliate membership with the Phoenix Association of REALTORS® is corporate rather than individual in nature, and that my company's Affiliate membership in the Phoenix Association does not automatically make me an Affiliate member of the state or national association and that, to become affiliated with an Affiliate membership of the state and national association, my company must apply directly with those entities.

Today's Date: _____

Affiliate Firm Code _____ AF- _____

Name: _____

Home Address: _____ City _____ State _____ Zip _____

Firm Name _____ Firm Telephone: _____

Firm Address _____ Firm Fax # _____

Firm City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone _____ Home Fax: _____

Birth date: ____/____/____

Business Type? _____

- Have you ever been a member of the Phoenix Association of REALTORS®? No Yes – if yes, when? _____
- Have you ever belonged to another local association of REALTORS®? No Yes
- – if yes, which local association (name) and approximately when? _____
- Are you currently a member of another local association of REALTORS®? No Yes
- if yes, which local association (name)? _____

Email Address: _____ @ _____ Web Site: http://www. _____

Specify your interest in your company: Sole Proprietor Corporate Officer Partner Employee

I hereby certify that the information contained on this User Processing Form is true and correct, and I agree that failure to provide complete and accurate information as requested or any misstatement of fact may be grounds for revocation of my involvement. I agree to inform the Phoenix Association of REALTORS® of any change of involvement with the above mentioned Affiliate firm. I confirm and certify that I have read, understand and agree to these provisions

Signature of Applicant: _____ Date: _____ Staff Initial: _____

Signature of Affiliate already registered with PAR: _____ Date: _____