



REALTORS® ASSOCIATION OF YORK & ADAMS COUNTIES

Affiliate Membership Application

RAYAC By-Laws prohibit a company from becoming an affiliate member if anyone in the company has an active PA Real Estate or Appraisal License.

Payment due to RAYAC includes non-refundable application fee and membership dues. Please call RAYAC at 717-843-7891 for the exact amount.

COMPANY INFORMATION:

Office Name _____ Office Phone Number _____

Office Address _____
Street City State Zip

Website Address _____ Office Facebook Page _____

Please give a brief description of the business:

Please check the category that best applies to your business:

- Attorney Builder Home Improvement/Repairs Home Warranty Inspector
- Insurance Lender Media/Marketing/Photography Pest Control Surveyor/Engineer
- Title/Settlement Other _____

PRIMARY CONTACT INFORMATION:

Primary Contact Name _____ Job Title _____

Preferred Phone Number _____ Office Cell Can RAYAC contact you via text? Yes No

Email _____

SECONDARY CONTACT INFORMATION:

Affiliate members may add secondary contacts for membership at no additional cost.

#1 Secondary Contact Name _____ Job Title _____

Preferred Phone Number _____ Office Cell Can RAYAC contact you via text? Yes No

Email _____

#2 Secondary Contact Name _____ Job Title _____

Preferred Phone Number _____ Office Cell Can RAYAC contact you via text? Yes No

Email _____

#3 Secondary Contact Name _____ Job Title _____

Preferred Phone Number _____ Office _____ Cell _____ Can RAYAC contact you via text? Yes No

Email _____

I hereby certify that the foregoing information furnished by me is true and correct, and I 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 further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. By signing below, I consent that the REALTOR® Associations may contact me at the specified address, telephone numbers, fax numbers, 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(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.

Submit application along with applicable payments to:

REALTORS® Association of York & Adams Counties
901 Smile Way, York, PA 17404

Date: _____ Signature of Primary Contact: _____

Date: _____ Signature of Company Official: _____

FOR ASSOCIATION USE ONLY

Date Application and Dues Received: _____