



Idyllwild Association Of REALTORS ©

AFFILIATE Member Application

Please complete ALL fields

Today's date _____

First Name _____ Last Name _____

Affiliate Office Information (As you would like it to appear in our Roster)

Office Name: _____

Physical Address _____

City _____ State _____ Zip _____

If Mailing Address is same as Physical Check box

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Website Address www. _____

Office Mailing Address: _____ City: _____ State: _____ Zip: _____

Office Primary Phone: () - _____ Office Secondary Phone: () - _____

Office Primary Fax: () - _____

Corporate	
Government	
Appraiser	
Business Owner	
Individual	

54110 Lower Pine Crest, **P.O. BOX 1815**, Idyllwild, Ca. 92549-1815

951-659-2345, 951-659-4690 fax

IAOROFFICE@Gmail.com