

# Affiliate Update Form

**Multiple Affiliate Members:** *This form must be signed by the responsible **Affiliate Member** of the company. All general correspondence for TAR will be directed to this person. Additional employees who wish to be affiliated with TAR through the membership of the company are referred to as **Co-Affiliates**. You may make revisions to company, branch office, or co-affiliate information by filling out corresponding sections of this form as appropriate and remitting it to the email listed below. **NOTE:** Please mark "A" for adding or "D" for deleting co-affiliates or branch offices. If you wish to update the type of Affiliate membership you hold, please contact us for more information.*

**Single Affiliate Members:** *Please fill out the main office location information section only as appropriate and remit to the email listed below. If you wish to update the type of Affiliate membership you hold, please contact us for more information. \*Please allow 2 business days for processing time.*

Company Name: _____	Date: _____
Name of Affiliate Member: (Print) _____	Signature: _____
<b><u>Main Office Location</u></b>	
Address: _____	City, State, Zip: _____
Phone: _____	Fax: _____
Website Address: _____	Email Address: _____
Would you like your company website linked in our online Affiliate Directory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the nature of your business: _____	

**Add or Delete Co-Affiliates:** *Please list any co-affiliates for addition or deletion to/from your company roster. For additional affiliates please list on separate sheet of paper.*

**Current Responsible Member :** \_\_\_\_\_

Name	Office Location Address	E-Mail Address	Contact Phone	Contact Fax	A/D

**Add or Delete Branch Offices:** *Please list any branch offices for addition or deletion to/from your company roster.*

Branch Office Address	Office E-Mail Address	Office Phone	Office Fax	A/D

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