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 Mo	ember: (Print)	Signature	: <u> </u>		
Main Office Loca	<u>ntion</u>				
Address:		City, State, Zip:			
Phone:		Fax:			
Website Address:		Email Address:			
Would you like your company website linked in our online		Affiliate Directory?	☐ Yes	□ No	
Please describe the n	nature of your business:				
Current Respons Name	ible Member :				
INAILIC	Office Location Address	E-Mail Address			<u> </u>
Name	Office Location Address	E-Mail Address	Contact Phone	Contact Fax	Α/Ι
rvanie	Office Location Address	E-Mail Address			A/Γ
ivame	Office Location Address	E-Mail Address			A/Γ
Ivanic	Office Location Address	E-Mail Address			A/I
ivaine	Office Location Address	E-Mail Address			A/D
ivanie	Office Location Address	E-Mail Address			

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Office E-Mail Address

Office Phone

roster.

Branch Office Address

A/D

Office Fax