

# Affiliate Update

PLEASE HELP US UPDATE OUR FILES BY TAKING A FEW MOMENTS TO FILL OUT THE FORM BELOW AND RETURN IT TO HCAR.

**IT IS EXTREMELY IMPORTANT THAT WE HAVE CURRENT EMAIL ADDRESSES IN ORDER FOR YOU TO RECEIVE YOUR NEWSLETTER, AND FOR BILLING PURPOSES.**

## PRIMARY MEMBERSHIP CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Please send my mail to my  Home  Office

## COMPANY INFORMATION

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Mailing Address \_\_\_\_\_  
(Include address, city, state, and zip if different from above)

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_

Type of business \_\_\_\_\_



**\*\*Please use this form for each office location\*\***

**SECONDARY MEMBER INFORMATION**

1, Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ HomeFax (\_\_\_\_) \_\_\_\_\_

Cell Phone  
(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please send my mail to my  Home  Office

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



**SECONDARY MEMBER INFORMATION**

4, Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ HomeFax (\_\_\_\_) \_\_\_\_\_

Cell Phone  
(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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5. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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6. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



**SECONDARY MEMBER INFORMATION**

7, Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ HomeFax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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8. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Please send my mail to my  Home  Office

9. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**SIGNATURE**

I understand that I am not, nor is my company, eligible for Affiliate membership in HCAR if I, or any member of my company, holds an active real estate license issued by the State of Florida if such license is used for other than actions which are incidental to the business' main purpose.

I hereby certify 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 acknowledge that dues and fees are non-refundable and not Pro-Rated with the exception of New affiliate members.

\_\_\_\_\_  
Signature of Primary Affiliate Member

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Print Name



**Patronize  
Our Affiliates!**