



**Williamson County Association of REALTORS®**

**Affiliate Application**

**\*\*Please let us know if your office is already a member  
of the Texas Association of REALTORS®  
With a REALTOR® association or Board.**

NRDS# \_\_\_\_\_ DR NRDS# \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Designated Representative's Full Name: \_\_\_\_\_  
First Middle Last Position

Preferred Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Home Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ TX Drivers License: \_\_\_\_\_

Alt. # (pager, mobile): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Additional Names on Roster: *\*(Each additional name will be billed annually for dues)*

\_\_\_\_\_  
Name E-mail Address NRDS#

\_\_\_\_\_  
Name E-mail Address NRDS#

\_\_\_\_\_  
Designated Representative Applicant Signature

\_\_\_\_\_  
Date

**Any questions regarding this application  
please contact the Membership Department  
512-255-6211**