

Greater Philadelphia Association of REALTORS®
1341 N. Delaware Ave., Suite 308
Philadelphia, PA 19125
Phone: 215-423-9381
Fax: 215-423-0406

AFFILIATE MEMBERSHIP APPLICATION

APPLICANT's NAME: _____

COMPANY REPRESENTATIVE: _____

SOCIAL SECURITY NUMBER: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

OFFICE PHONE: _____ OFFICE FAX: _____

E-MAIL ADDRESS: _____

FIELD OF EXPERTISE/NATURE OF BUSINESS: _____

You are authorized to refer to the following REALTORS® or Business references whom
Know me:

(Name) (Address)

(Name) (Address)

(Name) (Address)

PLEASE NOTE: THREE REALTOR® or BUSINESS REFERENCES MUST BE SUBMITTED.

Are you a member of any other Trade/Professional Association? _____

If "Yes", Please Name _____

How many years have you been in this business? _____

As a representative of the above named company and an applicant for membership in the Greater Philadelphia Association of REALTORS®, I certify that the answers given in this application are true and correct.

Signature

Date