



## **AFFILIATE MEMBERSHIP APPLICATION**

Applicant's NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip)

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 who know me:

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Name/Company

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

### Check category:

Accounting \_\_\_\_\_

Exterminating \_\_\_\_\_

Home Inspector/  
Environmental  
Services \_\_\_\_\_

Insurance \_\_\_\_\_

Marketing \_\_\_\_\_

Mortgages \_\_\_\_\_

Printer/Office  
Supplies \_\_\_\_\_

REITS \_\_\_\_\_

Services to the Real  
Estate Industry \_\_\_\_\_

Title Insurance \_\_\_\_\_

Other \_\_\_\_\_

## **Greater Philadelphia Association of REALTORS – Payment Authorization**

\*\*\*\*\*DISCOVER, AMEX, VISA AND MASTERCARD ACCEPTED \*\*\*\*\*

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ security code \_\_\_\_\_

Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_