



**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

<u>Check category:</u>	
Accounting	___
Exterminating	___
Home Inspector/ Environmental Services	___
Insurance	___
Marketing	___
Mortgages	___
Printer/Office Supplies	___
REITS	___
Services to the Real Estate Industry	___
Title Insurance	___
Other	_____