



**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	_____

## 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 \_\_\_\_\_

GPAR Affiliate Dues		
Prorated based on Application date		
Month joined	January	250.00
	February	250.00
	March	250.00
	April	187.50
	May	187.50
	June	187.50
	July	125.00
	August	125.00
	September	125.00
	October	62.50
	November	62.50
	December	62.50