

APPLICATION FOR AFFILIATE MEMBERSHIP

*****Dcutqr 'Eqwpv{ ASSOCIATION OF REALTORS®

Please check which membership class you are applying:

Affiliate Additional Affiliate* Public Service Honorary Student

Name of Company _____

Type of Business _____

Mailing Address _____

Contact Person _____

Phone _____ Fax _____ Cell _____

Email address _____

Are you a member of an Institute, Society or Council affiliated with the NAR

(NATIONAL ASSOCIATION OF REALTORS® Yes No

If yes, please indicate the name of the affiliate: _____

Please list any professional designations that you currently hold:

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership, if granted.

Signature: _____ **Date:** _____

*Additional Affiliate is available only if there is already a main contact applying or already established for the company.

Payment by:

Check

Make payment to your local board and mail to:
Texas Association of REALTORS®
PO Box 2246
Austin, TX 78768
Attn: MBM Department

Credit Card (check one) fax completed application to 512-370-2390 Attn: MBM Dept.

Visa Master Card American Express

Name of cardholder: _____

Card number: _____

Expiration date: _____

I authorize TAR to charge my credit card in the amount of \$ _____

Signature: _____ Date: _____