



## APPLICATION FOR AFFILIATE MEMBERSHIP

An Affiliate Membership with the Greater Alexandria Area Association of Realtors®, Inc is open to all businesses/companies that have a working relationship with the real estate industry. As an Affiliate Member, I understand that I am entitled to attend and participate in Association events, Committee and General Membership Meetings, and I represent my business/company to the Association Members.

I hereby apply for a GAAAR Affiliate Membership and submit the following information for your review and consideration:

|                              |                                                                                                                                                                                                                                                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicant Information</b> | <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Preferred Phone: _____ Cell phone: _____</p> <p>E-mail Address: _____</p>                                                                                                                                                                          |
| <b>Business Information</b>  | <p>Business Name: _____</p> <p>Type of Business or Profession: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>Office Contact Person: _____</p> <p>Email Address: _____</p>                                                                                                         |
| <b>Memberships</b>           | <p>Are you a member of any other REALTOR® Associations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name of Association _____</p> <p>Are you a member of any other trade association? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name of the Association _____</p> |



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|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GAAAR Participation    | <p>Are you willing to participate on a committee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Consumer Outreach/Marketing <input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Professional Development <input type="checkbox"/> Membership</p> <p><input type="checkbox"/> Advocacy / Governmental Affairs <input type="checkbox"/> Social</p> <p><input type="checkbox"/> Strategic Planning <input type="checkbox"/></p> |
| PR                     | <p>Would you be interested in speaking at a general membership meeting on a topic related to your business/profession? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                  |
| Other Additional Staff | <p>Names &amp; Title of other staff that may attend Membership Meetings or Association Events:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p><i>I understand that these persons are guests and thereby not allowed to cast a vote as an Association Member</i></p>                                                                                                                                                                          |

By signing below, I further acknowledge that as an Affiliate Member, I agree to follow and abide by the Association's Bylaws and Policies and Procedures, and the Affiliate Code of Conduct. I understand that failure to do so could result in cancellation of my membership. I acknowledge that as an Affiliate Member, voting on Association matters may be limited to general business that does not directly relate to Realtor members. Persons who hold an active real estate license are precluded from becoming an Affiliate Member.

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Applicant's Signature

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Date