



LAREDO ASSOCIATION OF REALTORS®
APPLICATION FOR AFFILIATE MEMBERSHIP

Please circle which membership class you are applying:

Affiliate
Institute Affiliate
Public Service
Honorary
Student

Name of firm: _____

Contact person: _____

Mailing Address: _____

Phone _____ Fax _____

Email address _____

Are you a member of an Institute, Society or Council affiliate with the NATIONAL ASSOCIATION OF REALTORS®? _____

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

What professional designations, if any, do you hold? _____

Note: An applicant for Institute Affiliate Membership shall supply to the Membership Committee evidence that applicant holds a professional designation awarded by a qualified Institute, Society or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS® that addresses a specialty area other than residential brokerage or who otherwise holds a class of membership in such Institute, Society or Council that confers the right to vote or hold office and shall agree, if elected to membership, to abide by the Constitution, Bylaws and Rules and Regulations of the local board, the State Association and the National Association.

Are you currently a member of another board which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in another board within the past three (3) years? _____

If yes, list each board where membership was held, type of membership held, and approximate dates of membership.

Have you been a user of subscriber in a Multiple Listing Service which is owned and operated by a board or association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years? _____

If yes, list the names of each MLS and the approximate dates of participation.

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:** _____



Payment by:

Check

Make check payable to **Laredo Association of REALTORS®**

Mail to:

Laredo Association of REALTORS®

Attn: Association Executive

616 Leal St.

Laredo, TX 78041

Credit Card (check one)

Please print:

Mr. Mrs. Ms. _____
First Name Last Name

Credit Card Type: (check one)

Visa Master Card American Express Discover

Card #: _____

Expiration date: _____

Name of cardholder: _____

Address on Credit Card: _____

I authorize LAR to charge my credit card for \$ _____

Signature: _____

Today's Date: _____

Complete and return to:

Laredo Association of REALTORS®

Attn: Association Executive

616 Leal St.

Laredo, TX 78041
