



GREATER LEWISVILLE ASSOCIATION OF REALTORS
 997 S. Edmonds Lane Lewisville, TX 75067
 Phone (972) 221-4606 Fax # (972) 436-2184



APPLICATION FOR ADDITIONAL EMPLOYEE AFFILIATE MEMBER
(Please complete all applicable information and return to GLAR office.)

1. **NAME OF APPLICANT:** _____

2. **HOME ADDRESS:** _____
 Street _____

 City State Zip

3. **HOME PHONE:** _____

4. **NAME OF COMPANY:** _____

5. **OFFICE ADDRESS:** _____

 City State Zip

6. **OFFICE NUMBERS:** Phone _____ ext. _____ Fax _____

PAGER/V.MAIL _____ E-MAIL ADDRESS _____

7. **IS YOUR COMPANY ENGAGED IN REAL ESTATE BROKERAGE?** ___ YES ___ NO

8. **NATURE OF BUSINESS:** _____

9. **HOW LONG HAVE YOU BEEN EMPLOYED WITH YOUR COMPANY?** _____

10. **ARE YOU REQUIRED TO HOLD A LICENSE TO PERFORM YOUR BUSINESS
 ACTIVITY OR HAVE A CURRENT TEXAS REAL ESTATE LICENSE.** ___ YES ___ NO

Type of License _____ License # _____

11. **BUSINESS ASSOCIATION:** (List the name and phone number of any company or individual you have had business transaction with or 3 personal references)

12. **IN A BRIEF PARAGRAPH, PLEASE STATE WHY YOU WANT TO BECOME A MEMBER OF THIS ASSOCIATION:**

13. **ARE YOU INTERESTED IN SERVING ON ANY COMMITTEES OF THE ASSOCIATION?**
_____ YES _____ NO

IF YES, WHICH ONE OR ONES? _____

PLEASE READ BEFORE SIGNING

I agree to provide to the Membership Committee of this Association, or to its Members, any information relating to this application. I hereby request and authorize, any person or persons, former employer or any firm or corporation referred to in this application, to give any information, and answer all questions asked concerning my ability, work, credit worthiness or character in connection with this application.

I agree, if elected to Affiliate Membership in the Greater Lewisville Association of REALTORS, Inc., to pay the prescribed dues in accordance with the Bylaws of the Greater Lewisville Association of REALTORS, Inc.

In applying for Affiliate Membership in the Greater Lewisville Association of REALTORS, Inc., I acknowledge that should my application be accepted by the Board of Directors and being granted the rights and privileges of such Membership, I hereby pledge to accept as binding upon me the terms and conditions herein specified. If elected to Affiliate Membership, I agree to attend an orientation and subscribe to and will abide by the Bylaws of the Association. I further agree to abide by and adhere to any future additions, amendments or revisions of the Bylaws and Rules and Regulations of this Association, which may hereafter be adopted should I continue my Association Membership.

Date _____ Applicant's Signature _____

Received at GLAR office on _____ by _____
Date Staff Member