



REALTOR®

GREATER LEWISVILLE ASSOCIATION OF REALTORS®
997 S. Edmonds Lane * Lewisville, TX 75067 * (972) 221-4606



APPLICATION FOR DESIGNATED AFFILIATE MEMBER

(Please complete all applicable information and return to GLAR office.)

1. NAME OF APPLICANT: _____
2. NAME OF COMPANY: _____
3. NATURE OF BUSINESS: _____
4. IS YOUR COMPANY ENGAGED IN REAL ESTATE BROKERAGE? () YES () NO
5. OFFICE ADDRESS: _____
CITY _____ STATE _____ ZIP _____
6. TELEPHONE NUMBERS: OFFICE _____ FAX _____
CELL PH/PAGER _____ E-MAIL ADDRESS _____
COMPANY WEBSITE _____
7. HOW LONG HAVE YOU BEEN EMPLOYED WITH YOUR COMPANY/? _____
8. DO YOU HAVE A CURRENT TEXAS REAL ESTATE LICENSE? () YES () NO
Brokers License # _____ Salesman's License # _____
9. ARE YOU REQUIRED TO HOLD ANY TYPE OF LICENSE TO PERFORM YOUR BUSINESS ACTIVITY? ___ YES ___ NO
OTHER TYPE LICENSE HELD _____ LICENSE # _____
10. HOME ADDRESS _____
Street City Zip
11. HOME PHONE _____
12. DRIVERS LICENSE _____
State & Number
13. WHAT PROFESSIONAL DESIGNATIONS DO YOU NOW HOLD, IF ANY?

14. **BUSINESS ASSOCIATIONS:** (List the names and phone numbers of any companies, organizations, or individual, you have had business transactions with during the past five (5) years or three personal references.)

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

16. **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 do hereby request and authorize, any person or persons, each 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 will further agree to attend an orientation and shall subscribe to and 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