

APPLICATION FOR AFFILIATE MEMBERSHIP

Date: _____

I hereby apply for admission to the Guernsey-Muskingum Valley Association of REALTORS® (hereby known as GMVAR) as an Affiliate Member. I agree that if my membership is approved, I will abide by the constitution, by-laws and all other rules, regulations and resolutions adopted by the association. I also realize that Affiliate Members are not voting members of GMVAR® but are eligible for election to the affiliate seats on the board of directors.

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Point of Contact: _____

Phone #: _____ Email: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Position with business: _____

Type of Business: _____

Is there anyone else within the company that should be added to our mailing list? (Up to three contacts)

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Signature _____ Date: _____

Payment Options:

Check Enclosed: Credit Card Payment: Will Mail/Stop in with Payment:
Card Number: _____ Exp Date: _____ CVV: _____

Name and Address on card: _____

Email Address for Receipt: _____