



## APPLICATION FOR AFFILIATE MEMBERSHIP

The undersigned firm or individual hereby applies for Affiliate Membership in the Glendale Association of REALTORS®.

Applicant: \_\_\_\_\_  
(Name in which membership is to be held)

Company name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

What is your line of business? \_\_\_\_\_

NMLS # (for loan industry professionals): \_\_\_\_\_

Title: \_\_\_\_\_

Are you a member of any other Board/ Association? Yes \_\_\_\_ No \_\_\_\_

Board/ Association Name: \_\_\_\_\_

Have you held membership previously in any other Board/ Association?

Yes \_\_\_\_ No \_\_\_\_

Applicant's Signature: \_\_\_\_\_



124 S. Isabel Street, Glendale, CA 91205  
 Phone: 818-241-2184 • Fax: 818-240-3572



## GAOR CREDIT CARD AUTHORIZATION

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Member ID:** \_\_\_\_\_ **Office Name:** \_\_\_\_\_

I authorize the Glendale Association of REALTORS® (GAOR) to charge my credit card for the items checked below:

Annual Association Dues (NAR, CAR, GAOR)	
Board Dues (call for pricing) \$ _____	Affiliate Dues (call for pricing) \$ _____

Quarterly MLS Dues	
Current Quarter (3 month): \$160.00	Agent Assistant, Current Quarter: \$75.00
Pre-Pay 1 Year (Pay All 4 Quarters Now): \$640.00	

Late Fees	
GAOR Board Dues Late Fee: \$35.00	Affiliate Late Fee: \$35.00
C.A.R. Board Dues Late Fee: \$30.00	MLS Late Fee (Reactivation): \$35.00

Miscellaneous Fees		
GAOR Class \$ _____ <small>(Call GAOR for pricing)</small>	GAOR Sponsorship or Events \$ _____	Other \$ _____

NOTES:

**TOTAL AMOUNT TO BE CHARGED:** \$ \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**Credit Card Type:**      Visa      Mastercard      Amex      Discover  
**Credit Card Number:** \_\_\_\_\_  
**Cardholder Name:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
**Cardholder Signature** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

NOTE: Credit Cards are not kept on file except for MLS auto-pay. A new form will be needed for each charge.

**PLEASE FAX TO 818-240-3572 -or- EMAIL TO GAOR@GAOR.ORG**