



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 in any other Board/ Association? Yes _____ No _____

Provide a link to the web page you want to send our members:

Attach a profile picture or provide a link to a web page that has an image:

Applicant's Signature: _____

818-241-2184

Please call our office for a pro-rated amount to join as an Affiliate Member.

You will need to include that amount in our [Credit Card Authorization Form](#)

Please email both this application and your credit card information to gaor@gaor.org