

## **CLAW APPLICATION - ASSISTANTS**

## APPLICANT INFORMATION

Name			
Mailing Address	City	State	Zip
Home Phone	Home Fax	MobileO	ther
E-Mail Address			
BROKER/AGENT INFO	RMATION		
Assistant to: Bro	oker Agent		
I'd like CLAW in addition to CRMLS		Broker must be an active member of CLAW.	
I'd like CLAW <b>only</b>			
Broker/Agent Name_			
Email	ailMLS ID		
OFFICE INFORMATION	I		
Office Name		Office #	
Office Address	City	State	Zip
Office Phone	PhoneOffice Fax		
Association of REALTO REALTORS®, all as may follow the	CONDITIONS  bylaws, policies and rules of the ADRS®, and the constitution, bylaw from time to time be amended.  CLAW Rules and Regulations and a security of my login information and	ws, policies and rules of the	National Association of
Applicant Signature			Date
The above Applicant is an assistant with my office. This authorizes his/her access to CLAW. I understand that I am responsible for the Assistant's use or misuse of the service in accordance with the all applicable rules and policies.			
Broker/Agent Signature Dar		Date	



## FEES AND PAYMENT INFORMATION

CLAW Access: \$105.00 quarterly (prorated monthly) **Payment Details** Visa MasterCard AMEX DISCOVER Card Type: Cardholder Name Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Address City\_\_\_\_\_State \_\_\_\_\_Zip I authorize the Glendale Association of REALTORS® to charge the credit card indicated above for an MLS Clerical Assistant Membership, which includes a joining fee and current quarter dues. Total Amount Due \$\_\_\_\_\_ Cardholder Signature \_\_\_\_\_\_Date \_\_\_\_\_

Take advantage of automatic recurring billing and never be late again! Be sure to submit a Credit Card Authorization Form with your membership application.

or

**Enroll in our <u>AutoPay Program</u>** 

Please visit www.gaor.org for all the latest news and information.

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