



AFFILIATE MEMBERSHIP APPLICATION

Membership Type: New Reinstatement
Please check one

Primary Secondary
Please check one

Company Name _____

Type of Business (Title Co., Lender, etc.) _____

Primary Member _____
First Last Title (if applicable)

Business Address _____
Street City State Zip Code

Phone _____ Fax _____ Cell _____ Other (indicate type) _____

Website _____ Email _____

Billing Address _____
Street City State Zip Code

I, hereby, make application for membership in the **Lake & Geauga Area Association of REALTORS®**. If accepted for membership as an affiliate member, I agree to abide by any rules and regulations of the Association which may apply to Affiliate members.

Primary applicant's signature _____ Date _____

I recommend the above named applicant for Affiliate membership in the Lake & Geauga Area Assn. of REALTORS®.

LGAAR REALTOR® member's signature _____ Date _____

Secondary Member _____
First Last Title (if applicable)

Business Address _____
Street City State Zip Code

Phone _____ Fax _____ Cell _____ Other (indicate type) _____

Website _____ Email _____



9930 Johnnycake Ridge Rd., 3A · Concord Twp., Ohio 44060 ·
Phone (440)350-9000 · Fax (440)394-2293



REALTOR® is a registered mark which identifies a professional in real estate who subscribes to a strict Code of Ethics as a member of the NATIONAL ASSOCIATION OF REALTORS®.



Billing Address

Street City State Zip Code

I, hereby, make application for membership in the **Lake & Geauga Area Association of REALTORS®**. If accepted for membership as an affiliate member, I agree to abide by any rules and regulations of the Association which may apply to Affiliate members.

Secondary applicant's signature

Date

PAYMENT MUST ACCOMPANY THE APPLICATION TO BE CONSIDERED FOR MEMBERSHIP

- 1. There is **no Application Fee**.
- 2. **Annual Primary Affiliate Membership dues** for a full year are \$180.00.
- 3. Dues are **prorated quarterly**: Jan-Mar = \$180.00, Apr-Jun = \$135.00, Jul- Sept =\$90.00, Oct-Dec = \$45.00.
- 4. **Secondary memberships** are \$35.00 each; there is no limit on the number of secondary members.
- 5. Membership is **with the company, not the individual**. The company names the primary member. Annual dues invoicing will be sent to the billing address listed on this form.
- 6. Cash, check, Master Card or Visa are accepted. **Dues and fees are nonrefundable. Do not mail cash.**

All checks should be made payable to LGAAR.

To pay with Credit Card please fill out information below or call the office at (440) 350-9000 ext 16 and speak with Sybil Martin.

Credit Card Type: Visa Mastercard Discover (please circle one)

Credit Card Number: Exp Date

CV Code: Billing Zipcode:

Total Amount to be charged:

Signature:



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