



AFFILIATE MEMBERSHIP APPLICATION

Membership Type: New Reinstate
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. I hereby grant LGAAR permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

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 _____

SecondaryMember _____
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



9930 Johnnycake Ridge Rd., 3A · Concord Twp., Ohio 44060 ·
Phone (440)350-9000 · Fax (440)350-9029



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®.



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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

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

Credit Card Number: _____ Exp Date _____

CV Code: _____ Billing Zip code: _____

Total Amount to be charged: _____

Signature: _____



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