



APPLICATION FOR AFFILIATE MEMBERSHIP to
**the Greater Alexandria Area Association
of Realtors®. Inc.**

I hereby apply for affiliate membership in the above Board/Assn., enclosed is my check in the amount of (circle current quarter)

Oct.-Dec. / \$220.00

Jan.-Mar. / \$190.00

Apr.-Jun. / \$160.00

Jul.-Sept. / \$130.00

I hereby submit the following information for your consideration,.

Name _____

Company Name _____

Type of business or Profession _____

Office/Home Address _____

City/State/Zip _____

Area Code/Phone # _____

E-mail Address _____

Are you a member of any other Board/Assn. of REALTORS®? Yes No

If yes, name of Board _____

Are you a member of any other trade association? Yes No

If yes, name of such association _____

Are you willing to serve on a committee? Yes No

Would you be interested In speaking at a general membership meeting on a topic related to your business? Yes No

What service can the GAAAR Assn. provide for You?

Applicant's Signature

Date