



# LA CROSSE AREA REALTORS® ASSOCIATION APPLICATION FOR AFFILIATE MEMBERSHIP

Rev. 01/10

I hereby apply for Affiliate membership in the La Crosse Area REALTORS® Association.

Enclosed is my check in the amount of \$\_\_\_\_\_ for (check one):

Designated Affiliate (first Affiliate must join at this level, additional members join local only)

Local Affiliate (second or additional Affiliates)

Institute Affiliate

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ Driver's License # & State \_\_\_\_\_

Company Name: \_\_\_\_\_

Office Address \_\_\_\_\_

Street \_\_\_\_\_ Suite or Other \_\_\_\_\_  
Phone( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business or Profession: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Street \_\_\_\_\_ Apartment \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a member of any other Association of REALTORS?  Yes  No.

If "yes" name the Association: \_\_\_\_\_

Are you a member of any other Trade Association?  Yes  No.

If "yes" name the Association: \_\_\_\_\_

Are you willing to serve on a committee?  Yes  No

**The following information in bold is optional. If given, it will be published monthly in the River City REALTOR® (newsletter): Birthday (month & day): \_\_\_\_\_**

**Business Fax** \_\_\_\_\_ **Home Fax** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Website (Business)** \_\_\_\_\_ **Website (Personal)** \_\_\_\_\_

Please sign below (required):

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Dues are non-refundable, please initial \_\_\_\_\_. I understand that by providing my mailing address, email address, phone numbers, and fax numbers, I consent to receive communications sent from LARA via U.S. mail, email, phone, or fax at the information stated above:

Yes  No If no, please identify how LARA may communicate with you.:

**\*[FOR LARA OFFICE USE ONLY]\***

Designated Affiliate  Local Affiliate Join Date \_\_\_\_\_ Agent Code: \_\_\_\_\_

Dues Paid \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_ Office ID: \_\_\_\_\_

Membership Committee Approved \_\_\_\_\_ Directors Approved \_\_\_\_\_