



LA CROSSE AREA REALTORS® ASSOCIATION APPLICATION FOR AFFILIATE MEMBERSHIP

Rev. 02/08

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): **Birth**day (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 _____

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

Directors Approved _____