

# Application for Affiliate Membership

La Crosse Area REALTORS® Association

111 6<sup>th</sup> Street South, La Crosse, WI 54601

Phone: 608-785-7744 | Fax: 608-785-7742 | Email: [membershipservices@laraweb.com](mailto:membershipservices@laraweb.com)

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

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

Local Affiliate (second or additional Affiliates)

I hereby submit the following information for your consideration:

Name \_\_\_\_\_  
First Middle Last Jr., Sr., etc.

Preferred Name \_\_\_\_\_  
(will appear as your first name on all displays, publications, directories, and websites for the association and MLS)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Cell Phone \_\_\_\_\_

Driver's License No. & State \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Are you a registered Home Inspector or licensed Pest Control?  Home Inspector  Pest Control

License # \_\_\_\_\_ Date of License \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Company Address \_\_\_\_\_

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

Company Phone \_\_\_\_\_

Company Website \_\_\_\_\_

E-mail \_\_\_\_\_

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

Please sign (required)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_