

Application for Affiliate Membership

La Crosse Area REALTORS® Association

111 6th St. S., La Crosse, WI 54601

Phone: 608-785-7744 Fax: 608-785-7742

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

Enclosed is my payment 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)

I hereby submit the following information for your consideration:

Name _____
First Middle Last Jr., Sr., etc.

Drivers License No. & State _____

Company Name _____

Office Address _____ City/State/Zip _____

Type of Business or Profession: _____

Residence Address _____ City/State/Zip _____

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 _____ **Cell Phone** _____

Business Phone _____ **Email Address** _____

Website (business) _____ **Website (personal)** _____

Please sign below (required):

Applicant: _____ Date _____

For LARA Office Use Only

Designated Affiliate Local Affiliate

Join Date _____

NRDS# _____

Dues Paid _____

Birthday List _____

Payment Type _____

Online Database _____

Dues sent on _____

Member Changes _____

Office ID _____

Director's _____

Agent Code _____

ACT! _____