



Greater Rochester Association of REALTORS®, Inc.

800 West Metro Park, Suite C, Rochester, NY 14623

585.292.5000 or 800.292.7101

Fax 585.292.0283

Membership Application ~ Industry Member (non-licensed)

SECTION I - APPLICANT INFORMATION ~ (Please Print or Type)

Today's Date: ___/___/___ [] Mr. [] Mrs. [] Miss [] Ms. [] Male [] Female

Member Name (Please Print): _____
First Middle I. Last Jr./Sr.

I hereby apply for INDUSTRY MEMBERSHIP in the Greater Rochester Association of REALTORS®, Inc., ("GRAR") and am enclosing my check in the amount of \$100.00 for a one-time application fee and \$ _____ (yearly dues)* payable to: GRAR (you may also use the Payment Information Form if paying by credit card). My application fee and yearly dues will be returned to me in the event of non-election. I further understand and agree to the provisions of said membership as set forth in the By-Laws as follows: "Industry Members shall be individuals who, while not eligible for Association Membership as defined in paragraphs (a) (REALTOR® Members) of this Section, are employed by or associated with a real estate mortgage lending institution or a real estate appraisal company or a real estate management company, or if he/she is a municipal assessor. Said company and/or individuals shall not be engaged in the real estate brokerage profession. Industry members shall have such rights and privileges and be subject to such obligations as may be prescribed by the Board of Directors, shall be eligible to serve on committees, but shall not be able to attend business meetings of the ASSOCIATION, to vote, to hold elective office, or to use the terms REALTOR®, or REALTORS®, or the use of the imprint of the emblem seal of the NATIONAL ASSOCIATION OF REALTORS®."

NOTE: Amount shown is prorated according to month joining. Call Member Services' Dept. at 585-292-5000 to receive the correct amount for dues that must accompany this application.

Please put in a Password that you can use to access www.grar.org (6-8 characters recommended): _____

SECTION II ~ OFFICE INFORMATION (ALL INFO. HERE REQUIRED)

Office Name: _____

Title Position: _____

Office Street Address: _____

City State Zip

Office Phone: _____ Office Fax: _____ Office Web Address: _____

SECTION III ~ RESIDENCE INFORMATION *(REQUIRED WHERE INDICATED)

*Res. Address (Mailing) _____

City State Zip

Res. Phone: _____ *E-Mail Address: _____

Cell Phone: _____ *Preferred Mailing Address: [] Home [] Office

*Select Your Specialty(ies): _____ Lending; _____ Management Company; _____ Municipal Assessor; _____ Other (list) _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in GRAR, I shall pay the fees and dues as from time-to-time established. NOTE: Payments to the Greater Rochester Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. NO REFUNDS. By signing below, I consent that the REALTOR® Associations (local, state and national) and their subsidiaries, if any [e.g., Genesee Region Real Estate Information Service (GENRIS), REALTORS®' Charitable Foundation (RCF)] may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____

For Use by GRAR Member Services Dept.

Industry Member: Application Fee: \$100. GRAR Dues: _____ TOTAL: _____
Industry Member w/View: (View Comp Info. in MLS) Application Fee: \$100. GRAR Dues: _____ MLS Fees: _____
TOTAL: \$ _____



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APPLICATION PAYMENT INFORMATION FORM
(Submitted with a GRAR Member Application form when paying by credit card)

Name

Date of Application

Type of Payment: (Call Member Services' Dept. at 585-292-5000 to receive the correct amount for dues and fees that must accompany this form and the application).

___ AMERICAN EXPRESS

___ MASTERCARD

___ VISA

Credit Card Number

_____ \$ _____
Expiration Date Amount Paid

Name on Card (please PRINT)

Signature of Cardholder

GRAR Staff Use: Member Number _____

Please fax form to Member Services at (585) 292-0283.

S:Member Services Dept/Forms and Letters/Form- Application Payment Information 8/22/11

DUES & FEES ARE NON-REFUNDABLE