



Greater Rochester Association of REALTORS®, Inc.
3445 Winton Place, Suite 104, Rochester, NY 14623
585.292.5000 or 800.292.7101
Fax: 585.292.0283

Membership Application: Business Related Member (non-licensed)

SECTION I - APPLICANT INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_

Male Female

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

I hereby apply for Business Related Membership in the Greater Rochester Association of REALTORS®, Inc. ("GRAR") and have attached/enclosed a form of payment (check payable to: GRAR or a 'Credit Card Payment Form') in the amount of \$75.00 for a one-time application fee plus pro-rated annual dues. Please call GRAR Member Services for the pro-rated amount due as of month of application through June 30. GRAR's dues period runs July 1 - June 30 each year. 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: "Business Related Members shall be real estate owners and other individuals or firms who, while not engaged in the real estate profession as defined in paragraphs (a) (REALTOR® Members) and (b) (Industry Members) of Article IV, or requiring information concerning real estate and are in sympathy with the objectives of the ASSOCIATION. Business Related Members shall have such privileges and rights 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®."

Please provide a password that you would like to use to access www.grar.org: We recommend a mix of at least 6-8 alpha and numeric characters.

SECTION II ~ OFFICE INFORMATION

Office Name:

Office Street Address:

City State Zip

SECTION III ~ PERSONAL INFORMATION

Home Address (Mailing):

City State Zip

Home Phone: E-mail:

Cell Phone: Agent Web Address:

Accepts text messages from GRAR Yes No (class reminders; emergency outages or closings)

Personal Fax: Preferred Mailing Address: Home Office

Area of Specialization: Advertising & Marketing Financial Planning Home Inspection Home Services Insurance Photography/Virtual Tours Title Services Web Services 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)] 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 opt out from receiving.

Signature of Applicant

GRAR Use Only

Member Number:

Initials:

## APPLICATION PAYMENT FORM

(Please submit with a GRAR Member Application when paying by credit card)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Application

**\*\*Please call GRAR Member Services at (585) 292-5000 to receive the correct amount for dues and fees that must accompany this form and the application. \*\***

### Type of Payment:

\_\_\_ AMERICAN EXPRESS

\_\_\_ DISCOVER

\_\_\_ MASTERCARD

\_\_\_ VISA

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\$

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Name on Card (please PRINT)

\_\_\_\_\_  
Signature of Cardholder

Please email completed form to [GRARHelpDesk@grar.net](mailto:GRARHelpDesk@grar.net) or fax to (585) 292-0283

**DUES & FEES ARE NON-REFUNDABLE**

**GRAR Staff Use:** Member Number \_\_\_\_\_