



Membership Application: Industry 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 Industry 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 the \$75.00 application fee plus prorated annual dues. Please call GRAR Member Services for the prorated amount due as of the 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: "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®."

Please provide a password to use to access MLS (if applicable) and 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: Preferred Mailing Address: Home Office City State Zip

SECTION III ~ PERSONAL INFORMATION

Home Address (Mailing) Home Phone: City State Zip Personal Fax: E-mail: Cell Phone: Agent Web Address:

Accepts text messages from GRAR Yes No (class reminders; emergency outages or closings) Are you presently or were you previously a member of any other Association of REALTORS®? Yes No If yes, name of Association and type of membership held: NRDS ID#: Area of Specialization: Lending Management Co. 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)] 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:



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

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

Name

Date of Application

Type of Payment:

Please call GRAR 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

___ DISCOVER

___ MASTERCARD

___ VISA

Credit Card Number

_____ \$ _____
Expiration Date Amount Paid

Name on Card (please PRINT)

Signature of Cardholder

GRAR Staff Use: Member Number _____

Please fax (585-292-0283) or email (grarhelpdesk@grar.net) form to Member Services.