

3445 Winton Place, Suite 104, Rochester, NY 14623 585.292.5000 or 800.292.7101 Fax: 585.292.0283

Membership Application: Affiliate Member (non-licensed)

SECTION I - APPLICANT INFORMATION

Today's Date: ____

Member Name (Please Print):

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NT - ---

Middle Initial First Jr./Sr. Last

I hereby apply for Affiliate 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') for full payment of the annual dues corresponding to the membership level chosen below. GRAR's Affiliate Member dues period runs January 1 – December 31 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 GRAR By-Laws as follows:

"Affiliate 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) or (b) of this section, have interests requiring information concerning real estate and are in sympathy with the objectives of the association.

Affiliate membership shall also be granted to individuals licensed or certified to engage in real estate practice who, if otherwise eligible, do not elect to hold REALTOR® membership in the Association,

provided the applicant is engaged exclusively in a specialty of the real estate business other than brokerage

of real property. Affiliate members shall have rights and privileges and be subject to obligations prescribed by the Board of Directors. Affiliate members shall not use the terms REALTOR® or REALTORS®, nor the imprint of the NAR emblem seal." 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 ~ Membership Tier

Place an X in the box next to the affiliate member tier you would like to join in.

Chosen Membership Tier	Annual Dues
Tier 1: Platinum Affiliate	\$7,500.00
Tier 2: Gold Affiliate	\$5,000.00
Tier 3: Silver Affiliate	\$2,500.00
Tier 4: Bronze Affiliate	\$1,000.00
Tier 5: Copper Affiliate	\$250.00

SECTION III ~ BUSINESS INFORMATION

Business Name:							
Industry:	Business Type:						
Office Street Address:							
City	State		Zip				
	(continued on next page)						
Member Number:	GRAR Use Only	Initials:					
			Page 1 of 4				



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SECTION IV ~ PERSONAL INFORMATION

City	State	Zip			
ome Phone:	E-mail:				
ell Phone:	Agent Web Address:				
ccepts text messages from GRAR	🗌 - Yes 🔲 - No (class reminders; emergency outa	ges or closings)			
	Preferred Mailing Address: - Hor	me 🗌 - Office			
rea of Specialization: 🗌 - Advert	ising & Marketing 🗌 - Financial Planning 🗌 - Hor	me Inspection 🗌 - Home Services			
- Insurance - Photograp	hy/Virtual Tours 🗌 - Title Services. 🗌 - Web Ser	vices 🗌 - Other (list)			
· _ 1					
e you, or were you previously, a me	nber of any other local association of REALTORS®	0? 🗌 Yes 🛄 No			
If yes, which association of R	EALTORS® and what type of membership did you	hold?			
Association.	Member type:	ID#·			

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

Please also complete payment information on page 4 (Sponsorship info on next page)

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GRAR Use Only



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SECTION V ~ Election of Additional Sponsorships

Expand your exposure and communicate directly to REALTORS® that you are invested in their business and support the industry. GRAR hosts events throughout the year. To assist in providing the best in-class events our members deserve, we seek sponsorship of these events. By choosing to sponsor one or more of these events you will gain significant exposure both at events and in marketing leading up to the event. Some events also allow for speaking opportunities where you can voice your appreciation and support GRAR Members and communicate the service you provide. For more details on speaking opportunities please contact Members Services at 585-292-5000.

Sponsorship Application CONTACT INFORMATION				
Company Name				
Contact Person				
Title				
Address				
City	State	Zip Code		
Telephone Number				
Email Address				
Please select from one	of the follo	wing sponsors	ship packages:	
(Details for each Event Spo GRAR Annual Awards I Title Sponsor Award Sponsor Reboot Technology Co Title Sponsor: \$ Coffee Sponsor: Exhibitor Arena Young Professionals N	Event (premi (1 available): or (4 available nference (pre 10,000 \$3,000 Sponsor: \$4,	er event) \$10,000 e) \$2,500 emier event) 000		
 Title Sponsor \$5 Games Sponsor Drinks Sponsor Food Sponsor \$ 30-Year Member Lut 	*\$2,500 \$2,000 1,500	00		
☐ Shredding Day \$2,000				
☐ New Member Welcome (premier event) \$10,000				
First time Sponsor Discount (Copper Level Affiliate Members sponsoring for the first time)				
Please bill me:	Full 🗖	Quarterly		

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APPLICATION PAYMENT FORM

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

Business 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:

____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 or fax to (585) 292-0283

DUES & FEES ARE NON-REFUNDABLE