Greater Rochester Association of REALTORS®, Inc.
3445 Winton Place, Suite 220, Rochester, NY 14623
585.292.5000

Membership Application: Affiliate Member (non-licensed)

SECTION I - APPLICANT INFORMATION

Today's Date: ____/____/____

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

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 **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 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."

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 Address: _____

_____
City **State** **Zip**

(continued on next page)

GRAR Use Only

Member Number: _____ Initials: _____

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SECTION IV ~ PERSONAL INFORMATION

Home Address (Mailing):_____ City: _____ State: _____ Zip: _____

Preferred Mailing Address: ☐ Home ☐ Work

Home Phone:_____ **Cell Phone**: _____

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

E-mail: _____

Web Address: _____

Area of Specialization:

- ❑ Advertising & Marketing
- ❑ Financial Planning
- ❑ Home Inspection
- ❑ Home Services
- ❑ Insurance
- ❑ Photography/Virtual Tours
- ❑ Title Services
- ❑ Web Services
- ❑ Other (list):_____

Are you, or were you previously, a member of any other local association of REALTORS®? Yes☐ No ☐

If yes, which association of REALTORS® 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., Upstate New York Real Estate Information Service (UNYREIS)] 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: **Date:**

(Elective Sponsorship info on next page)

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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:

____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

DUES & FEES ARE NON-REFUNDABLE

GRAR Use Only

Member Number: _____ Initials: _____

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