



Greeley Area REALTOR® Association, Inc.
819 11 Street, Greeley, CO 80631
Phone (970) 353-8884 Fax (970) 353-9749

Application for Affiliate Membership

I hereby apply for Affiliate Membership in the Greeley Area REALTOR® Association, Inc. (GARA), and I am enclosing my check in the amount of \$_____ which is to be returned to me in the event of non-acceptance of the application by the Board of Directors. I understand that if approved for Affiliate Membership, the amount enclosed will be the total amount of dues required for membership from the date of this application to the end of the current fiscal year. (GARA’s fiscal year runs from October 1 through September 30.) I further acknowledge that this membership does not permit me to use the term “REALTOR®” and that I am not entitled to vote on any REALTOR® matters.

Although I am not subject to the Code of Ethics or its enforcement by GARA, I agree to abide by the principles established in the Code of Ethics of the National Association of REALTORS® and conduct my business and professional practices accordingly. I understand that I may be subject to discipline or termination upon recommendation by a hearing panel of the Professional Standards Committee for conduct which, in the opinion of the Board of Directors, reflects adversely on the terms REALTOR® or REALTORS® and the real estate industry, or for conduct that is inconsistent with or adverse to the objectives and purposes of GARA, the Colorado Association of REALTORS®, or the National Association of REALTORS®.

I hereby grant GARA my express written consent to contact me at their discretion by U.S. mail, fax, telephone, or e-mail. I understand that by providing my street address, e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from GARA via regular U.S. mail, e-mail, telephone, or facsimile at those numbers/locations.

Company Name: _____

Address: _____

City State Zip

Office Phone: _____ Office Fax: _____

E-mailAddress: _____ Website: _____

Mailing Address (if different than above): _____

City State Zip

Primary Contact: _____ Title: _____

Preferred phone: _____ Preferred email: _____

Are you licensed in Real Estate? Please check one ___ Yes ___ No

Are you a licensed Mortgage Broker? Please check one ___ Yes ___ No

Mortgage License Number: _____ If you are exempt, state the reason for exemption: _____

For mortgage brokers only: I certify that I am licensed with the Director of the Colorado Division of Real Estate. Should my license with the state of Colorado cease to exist for any reason, I understand that I will no longer be an Affiliate member of the Association and that no refund will be due me.

Applicant’s Signature: _____ Date: ___/___/___

List additional associates on reverse side:

Name	Preferred Phone/Ext	E-mail	License # (If applicable)
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