

# Application for Affiliate Membership

La Crosse Area REALTORS® Association

111 6<sup>th</sup> St. S., La Crosse, WI 54601

Phone: 608-785-7744 Fax: 608-785-7742

I hereby apply for Affiliate membership in the La Crosse Area REALTORS® Association.

Enclosed is my payment in the amount of \$ \_\_\_\_\_ for (check one):

Designated Affiliate (first Affiliate must join at this level, additional members join local only)

Local Affiliate (second or additional Affiliates)

I hereby submit the following information for your consideration:

Name \_\_\_\_\_  
First Middle Last Jr., Sr., etc.

Drivers License No. & State \_\_\_\_\_

Company Name \_\_\_\_\_

Office Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Type of Business or Profession: \_\_\_\_\_

Residence Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Are you a member of any other Association of REALTORS®?  Yes  No

If "Yes" name the Association: \_\_\_\_\_

Are you a member of any other Trade Association?  Yes  No

If "Yes" name the Association \_\_\_\_\_

Are you willing to serve on a committee?  Yes  No

**The following information in bold is optional. If given, it will be published monthly in the River City REALTOR® (newsletter)**

**Birthday** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Website (business)** \_\_\_\_\_ **Website (personal)** \_\_\_\_\_

Please sign below (required):

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

For LARA Office Use Only

Designated Affiliate  Local Affiliate

Join Date \_\_\_\_\_

ACT! \_\_\_\_\_

Dues Paid \_\_\_\_\_

NRDS# \_\_\_\_\_

Payment Type \_\_\_\_\_

Birthday List \_\_\_\_\_

Dues sent on \_\_\_\_\_

Member Changes \_\_\_\_\_

Office Code \_\_\_\_\_

Directors \_\_\_\_\_

Agent Code \_\_\_\_\_