



Greater Louisville Association of REALTORS®

Application For Affiliate Membership

6300 Dutchmans Pkwy, Louisville, KY 40205 Tel: (502) 894-9860 Fax:(502) 894-9866

Please complete and return with application fee and pro-rated dues

Name: _____

Company Name: _____

Office Address: _____

Home Address: _____

*Please include your city, state, and zip code for both addresses.

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email: _____ Web Address: _____

Description of Service: _____

Do you hold an active Real Estate License? Yes No

Would you like to offer any special coupons or discounts to Realtor® members of GLAR? Yes No

If yes, please include a brief description: _____

I hereby apply for AFFILIATE membership to the Greater Louisville Association of REALTORS, enclosing a check in the amount of _____ (pro-rated dues plus \$100 one-time application fee).

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 membership if granted.

Signature: _____ Date: ____ - ____ - _____

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ASCII Delimited File Authorization

Any Affiliate Member can request a file of member names and addresses in an ASCII delimited format. By signing this acknowledgment below you agree not to distribute this file to any other party and only use the list for mailings related to your affiliate business.

"As an Affiliate Member in good standing of the Greater Louisville Association of Realtors®, when I request an ASCII delimited file consisting of names and addresses of active Realtor® Members of the Association, I agree to use this list ONLY for mailings associated with my affiliate business. I further agree that if my affiliate membership with the Greater Louisville Association of Realtors® should become inactive, I will no longer use this address file.

I acknowledge that distribution of this file to any other party is strictly prohibited.

Signature: _____ Date: ____ - ____ - _____