

# GCAAR Membership Directory Order Form

Member information is available free online. If you would like a printed copy of the directory, please complete the form below and allow 5 business days for processing. (*Directories do not include e-mail addresses*)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Are you a GCAAR member?**

Yes, Member # \_\_\_\_\_ (*not required*)  No

<u>Directory Options</u>	<u>Member Price</u>	<u>Non-member Price</u>
REALTOR® Offices Only ( <i>over 1,000 offices</i> )	\$5 x _____ <small># of copies</small>	\$20 x _____ <small># of copies</small>
REALTOR® Members Only ( <i>over 8,000 members</i> )	\$15 x _____ <small># of copies</small>	\$55 x _____ <small># of copies</small>
REALTOR® Offices AND Members ( <i>full directory</i> )	\$20 x _____ <small># of copies</small>	\$75 x _____ <small># of copies</small>
<b>SUBTOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>

### ***Shipping & Handling***

Please mail to the address above \$6.50 x \_\_\_\_\_  
# of copies

**-OR-**

I will pick up my directory at GCAAR's store \$0

**TOTAL:** \$ \_\_\_\_\_

Please send me a FREE Affiliate Directory with my order.

**Amount enclosed (or to be charged):** \$ \_\_\_\_\_

Charge my:  Visa  MasterCard Account Number: \_\_\_\_\_

Exp: \_\_\_\_\_ Cardholder's Name: \_\_\_\_\_ V-Code: \_\_\_\_\_

(V-Code is the last three digits on the reverse of the card in the signature panel)

Check enclosed (payable to GCAAR) Check number: \_\_\_\_\_

***No cash payments please!***

**Return to:** GCAAR, Attn: Membership Directory, 8757 Georgia Avenue, Suite 600  
Silver Spring, MD 20910, Or fax credit card payment to 301.590.2248.