

Affiliate Membership Application

PLEASE NOTE: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Individual Affiliate: affiliate membership for one individual, non-transferrable.

Corporate Affiliate: affiliate membership held by the company for up to three individuals, transferrable within the company.

Company Information

Company Name

Office Phone

Company Address

Suite #

City

State

Zip Code

Type of business (required for website listing)

www.
website

Individual Affiliate / Corporate Member #1

Title

First Name

MI

Last Name

Nickname

Home Address

Suite #

City

State

Zip Code

Preferred E-Mail
(optional)

Billing Email

Birthday (year

Cell Phone Number

Direct Phone Number

Corporate Affiliate Member #2

Title

First Name

MI

Last Name

Nickname

Home Address

Suite #

City

State

Zip Code

Preferred E-Mail

Birthday (year optional)

Cell Phone Number

Direct Phone Number

Corporate Affiliate Member #3

<i>Title</i>	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Nickname</i>
<i>Home Address</i>	<i>Suite #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Preferred E-Mail</i>			<i>Birthday (year optional)</i>	
<i>Cell Phone Number</i>		<i>Direct Phone Number</i>		

SentriLock Card Services

GCAAR offers Affiliate members (only for appraisers, home inspectors, pest control specialists and radon inspectors) a limited access SentriLock card. The card requires that users contact the listing agent prior for a CBS code prior to entering the property. SentriLock Cards are assigned to a member and cannot be transferred or reassigned.

Will you need a SentriLock card?

Individual Affiliate / Corporate Member #1	YES	NO
Corporate Member #2	YES	NO
Corporate Member #3	YES	NO

Certification

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 the Association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds shall be extended, however corporate affiliate memberships can be transferred to individuals within the same company.

I irrevocably waive all claims against the association or any employees, officers, directors or members for any act or omission in connection with the business of the association, including the interpretation and/or application of the Bylaws, Policies and Procedures of the association and the acceptance of or failure to accept, advance, suspend, expel or discipline me as a member of the association.

I understand that the Greater Capital Area Association of REALTORS® may terminate my membership if this application contains misrepresentations or I fail or refuse to comply with the conditions of membership as stated in the Bylaws, Policies and Procedures and Regulations of this association. Further I agree that if I resign or am terminated from membership with any outstanding dues and fees, the Board of Directors may condition renewal or reinstatement of membership upon my payment of said fees.

By signing below, I consent that the Association may contact me at the specified address, telephone 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 in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Application by

Signature

Name Printed

Date

Company Name

GCAAR affiliate connect form

As a GCAAR affiliate member, you are very important to us. Therefore, we'd like to gather some information from you so that we can help you gain more visibility among the rest of our members via our GCAAR communication channels throughout.

Please complete the information below and return your completed form to newmember@gcaar.com.

With your completed form, please also send us your company logo, a graphic and/or a picture that you'd like for us to use in our promotions about you. By supplying this picture, you consent to its use on GCAAR social media platforms, on gcaar.com and in other GCAAR communication channels. Please ensure the image is in either JPG or PNG format.

1. Your company website URL: _____

2. Your company's social media handles (please include all you would like to be tagged on):

3. What industry best describes your business?

Attorney Inspections Mortgage company Moving services

Pest control Settlement company Tax consultant Title company

Other (please specify): _____

4. Please provide a short description (1-2 sentences) about what your company does and what sets it apart. This information will be used in GCAAR communications, so make sure to include what you want GCAAR members to know about you and/or your company. *Note: GCAAR reserves the right to edit submissions.*

5. Has your company done anything to benefit its community or industry during the past year that you would like to highlight?

Please make sure to include in your email to newmember@gcaar.com an image that can be used on GCAAR's website, on our social media handles and potentially in other GCAAR communications.