



The undersigned firm or individual hereby applies for Affiliate Membership in the Glendale Association of REALTORS®.

Applicant: _____
(Name in which membership is to be held)

Company name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ Mobile Phone: _____

E-Mail: _____

Male ____ Female ____

What is your line of business? _____

NMLS # (for loan industry professionals): _____

Title: _____

Are you a member of any other Board/ Association? Yes ____ No ____

Board/ Association Name: _____

Have you held membership previously in any other Board/ Association?

Yes ____ No ____

Applicant's Signature: _____



124 S. Isabel Street, Glendale, CA 91205
Phone: 818-241-2184 • Fax: 818-240-3572



2017 CREDIT CARD AUTHORIZATION

Date: _____ Name: _____
Member ID: _____ Office Name: _____

I authorize the Glendale Association of REALTORS® (GAOR) to charge my credit card for the items checked below:

Annual Association Dues (NAR, CAR, GAOR)

Board Dues (call for pricing) \$ _____ Affiliate Dues (call for pricing) \$ _____

Quarterly MLS Dues

Current Quarter (3 months): \$160.00 Agent Assistant, Current Quarter: \$75.00

Pre-Pay 1 Year (Pay All 4 Quarters Now): \$640.00

Late Fees

Board Dues Late Fee: \$55.00 MLS Late Fee (Reactivation): \$35.00 Affiliate Late Fee: \$35.00

Miscellaneous Fees

GAOR Class \$ _____ GAOR Sponsorship or Events \$ _____ Other \$ _____
(Call GAOR for pricing)

TOTAL AMOUNT TO BE CHARGED: \$ _____

Email Address: _____ Phone# _____
Credit Card Type: Visa MasterCard Amex Discover
Credit Card Number: _____
Cardholder Name: _____ Expiration Date: _____
Billing Address: _____
Cardholder Signature: _____ Today's Date: _____

NOTE: Credit cards are not kept on file except for MLS auto-pay. A new form will be needed for each charge.

PLEASE FAX TO: 818-240-3572 or E-MAIL TO: GAOR@GAOR.ORG