



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



### 2019 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)	
<input type="checkbox"/> Board Dues (call for pricing) \$ _____	<input type="checkbox"/> Affiliate Dues (call for pricing) \$ _____

Quarterly MLS Dues	
<input type="checkbox"/> Current Quarter (3 month): \$160.00	<input type="checkbox"/> Agent Assistant, Current Quarter: \$75.00
<input type="checkbox"/> Pre-Pay 1 Year (Pay All 4 Quarters Now): \$640.00	

Late Fees	
<input type="checkbox"/> GAOR Board Dues Late Fee: \$35.00	<input type="checkbox"/> Affiliate Late Fee: \$35.00
<input type="checkbox"/> C.A.R. Board Dues Late Fee: \$30.00	<input type="checkbox"/> MLS Late Fee (Reactivation): \$35.00

Miscellaneous Fees		
<input type="checkbox"/> GAOR Class \$ _____	<input type="checkbox"/> GAOR Sponsorship or Events \$ _____	<input type="checkbox"/> Other \$ _____
<small>(Call GAOR for pricing)</small>		

**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 EMAIL TO GAOR@GAOR.ORG**