

Greater Philadelphia Association of REALTORS®  
1341 N. Delaware Ave., Suite 200  
Philadelphia, PA 19125  
Phone: 215-423-9381 Fax: 215-423-0406  
Email: [donna@gpar.org](mailto:donna@gpar.org)

**AFFILIATE MEMBERSHIP APPLICATION**

Applicant's NAME: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
(Street) (City, state) (Zip)

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FIELD OF EXPERTISE/NATURE OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You are authorized to refer to the following REALTORS® or Business references who know me:

_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)

**PLEASE NOTE: THREE REALTOR® or BUSINESS REFERENCES MUST BE SUBMITTED.**

Are you a member of any other Trade/Professional Association? \_\_\_\_\_

If "Yes", Please Name \_\_\_\_\_

How many years have you been in this business? \_\_\_\_\_

As a representative of the above named company and an applicant for membership in the Greater Philadelphia Association of REALTORS®, I certify that the answers given in this application are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check category:

Accounting \_\_\_\_\_

Exterminating \_\_\_\_\_

Home Inspector/  
Environmental  
Services \_\_\_\_\_

Insurance \_\_\_\_\_

Marketing \_\_\_\_\_

Mortgages \_\_\_\_\_

Printer/Office  
Supplies \_\_\_\_\_

REITS \_\_\_\_\_

Services to the Real  
Estate Industry \_\_\_\_\_

Title Insurance \_\_\_\_\_

## Credit Card Information

AMEX, VISA and MASTERCARD ONLY

Name as it appears on Card \_\_\_\_\_

Payment for \_\_\_\_\_  
(Persons Name)

C/C Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number on back of Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

Zip Code where Credit/Card Statement is received \_\_\_\_\_

Amount Charged \$ \_\_\_\_\_

Phone Number Best Reached \_\_\_\_\_

Phoned In \_\_\_\_\_

Walk in must Sign \_\_\_\_\_

Comments: \_\_\_\_\_