

GASTON ASSOCIATION OF REALTORS® , INC

2923 AUDREY DRIVE, GASTONIA, N. C. 28054

PHONE: 867-4826 FAX: NONE

EMAIL: GAR@gastonrealtors.com

Web Site: www.gastonrealtors.com

MEMBERSHIP REPORT FORM

GAR BYLAWS REQUIRE THE DESIGNATED REALTOR® OF THE FIRM TO REPORT TO GAR ADDITIONS AND DELETIONS OF ALL LICENSEES AFFILIATED WITH THE FIRM.

DATE: _____

DESIGNATED REALTOR® CERTIFICATION: (check/complete all that applies)

1. I certify by signing below that the below-named licensee joined my company

(Date) _____
2. This licensee is a REALTOR® member of GAR. Enclosed is the required \$25 transfer fee.
3. This licensee does not plan to become a member of GAR at this time. Enclosed is my payment for \$440, additional dues assessment that I owe for the affiliation of this non-member licensee with my company.

Note: The firm's designated Realtor® is assessed an annual fee for each active licensee employed by or affiliated with the company who does not become a Realtor®. Such licensee will have no membership standing, receive no benefits, and may not use the term Realtor®.

4. **CHANGES:** Please make changes indicated BELOW to the company and/or licensee information

SIGNATURE of Designated REALTOR® _____

SIGNATURE OF LICENSEE _____

NOTE: USE THIS FORM TO NOTIFY GAR

- When a licensee who is a member of GAR transfers to your company location from another company location.
- If a licensee joins your company and will not be joining GAR
- Of any changes in company or licensee information.

Note: A transfer fee of \$25 must be paid with this change.

This form is not required if the new licensee is joining GAR.

If a licensee leaves your company, provide GAR with a copy of THE NCREC *Request to Remove Licensee from Broker Supervision* form or your notice to the NCAB of the termination of the appraiser licensee from association with your company.

COMPANY INFORMATION

LICENSEE INFORMATION

NAME	NAME	LICENSE #
STREET	PO BOX	HOME ADDRESS
CITY/STATE/ZIP	PREFERRED PHONE	
PHONE	FAX	PREFERRED E-MAIL
OFFICE EMAIL	WEBSITE	
OFFICE WEB SITE	DOB	

PAYMENT METHOD

AMOUNT \$ _____ CHECK # _____ ENCL. (payable to GAR) CHARGE MY CREDIT CARD

CARD # _____ EXP DATE _____

SIGNATURE _____

CARD BILLING ADDRESS (If different from mailing address above) _____

CITY _____ STATE _____ ZIP _____