



AFFILIATE MEMBER APPLICATION

The undersigned hereby makes an application for AFFILIATE Membership in the Longview Area Association Of REALTORS®. Dues of \$217.00* per year are attached (\$117 of these dues are for Membership in the Texas Association of REALTORS®)

The LAAR Affiliate Membership includes the Texas Association of REALTORS® Affiliate Membership as well. As an Affiliate Member, you will receive a Texas REALTOR® monthly magazine, access to your GrowthZone portal with invitations to our Business Expo, meetings, & events; as well as, committee involvement opportunities, sponsorship opportunities and inclusion in our Affiliate Roster.

*Dues prorated monthly

COMPANY NAME: _____

CONTACT PERSON: _____

STREET ADDRESS: _____

CITY & STATE: _____ ZIP CODE: _____

OFFICE PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

DESCRIPTION OF BUSINESS: _____

SIGNATURE: _____ DATE: _____

AFFILIATE MEMBER – LOCAL/STATE: _____ AFFILIATE MEMBER – LOCAL ONLY**: _____

**In order to be a Local Only Affiliate, you must already be a member of another Association/Board of REALTORS®. In addition to your application, we will need a Letter of Good Standing from said Association/Board.

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EMAIL: laarstaff@laaronline.org | WEBSITE www.laaronline.org



CREDIT CARD AUTHORIZATION FORM

One Time Use

[Top Section is for LAAR Staff Use Only. Please only fill out the information below the dotted line]

LAAR Member Name: _____

Office: _____

Application Fee: _____ Supra eKEY: _____ Local Dues: _____ State Dues: _____

National Dues: _____ Other: _____

CREDIT CARD TYPE:

☐ DISCOVER

☐ AMERICAN EXPRESS

☐ MASTERCARD

☐ VISA

Amount of Charge: _____

Card Holder Name: _____
(please print)

Credit Card Number: _____

Expiration Date: _____ CVS Code: _____

Email Address: _____

Phone #: _____

THE FOLLOWING INFORMATION IS **REQUIRED** TO PROCESS YOUR PAYMENT
PLEASE COMPLETE THESE FIELDS AS THEY APPEAR ON YOUR CREDIT CARD BILLING STATEMENT

Billing Address: _____

City & State: _____ ZIP code: _____

Signature: _____

Date Processed: _____