

# GULF COAST ASSOCIATION OF REALTORS®, INC.



141 DeBuys Road, Suite A  
Gulfport, Mississippi 39507  
(228) 896-3122

## APPLICATION FOR AFFILIATE MEMBERSHIP

To: Gulf Coast Association of REALTORS®, Inc.

I, \_\_\_\_\_, hereby apply for Affiliate Membership in the above named Board/Association, and enclose my check in the amount of \$\_\_\_\_\_, which I understand will be returned to me in the event I am not accepted to membership. I consent that, and authorize the Board/Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Board/Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I hereby submit the following required information for your consideration:

**Firm Name:** \_\_\_\_\_  
**Individual's Name: (First)** \_\_\_\_\_ **(MI)** \_\_\_\_\_ **(Last)** \_\_\_\_\_  
**(Email Address):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Office Address:** \_\_\_\_\_  
**(Street, Suite, or Post Office Box)** \_\_\_\_\_  
**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_ **(Office #)** \_\_\_\_\_ **(Fax #)** \_\_\_\_\_

I request membership be vested in the following name (per representing company as member):

**(Designated Representative's Name)** \_\_\_\_\_

**Does she/he hold a real estate license?** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Does she/he hold a appraisal license?** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**You are authorized to refer to the following Members of the Board/Association who know me and/or Designated Representative:**

\_\_\_\_\_  
**(Name)**

\_\_\_\_\_  
**(Name)**

I agree that, if accepted for membership in the Board/Association, I shall pay the fees and dues established by the Board of Directors.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_