



SOUTHLAND REGIONAL  
ASSOCIATION OF REALTORS®, INC.

**AFFILIATE REPRESENTATIVE**

I hereby request that the following people be listed under my Affiliate Membership in the Southland Regional Association of REALTORS® (SRAR) at a cost of **\$10 each additional member**. These members understand and agree to abide by the Rules, Regulations, and Bylaws of SRAR, including but not limited to Article V Section 3 and 4 of the Bylaws.

*(Please Print or Type)*

- 1. Rep. Name: \_\_\_\_\_ Date: \_\_\_\_\_
- 2. Rep. ID #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
- 3. Rep. Email Address: \_\_\_\_\_
- 4. Rep. Website: \_\_\_\_\_
- 5. Rep. Phone #: \_\_\_\_\_
- 6. Company Name \_\_\_\_\_
- 7. SRAR Firm #: \_\_\_\_\_
- 8. Business Street Address: \_\_\_\_\_
- 9. Business City: \_\_\_\_\_
- 10. Business State: \_\_\_\_\_
- 11. Business Zip: \_\_\_\_\_
- 12. Business Phone #: \_\_\_\_\_
- 13. Rep. Signature: \_\_\_\_\_
- 14. Affiliate Signature \_\_\_\_\_

**For Association Use Only**

**Paid by:** Check # \_\_\_\_\_ or CASH or VISA / MC / AMEX / DISCOVERY: \_\_\_\_\_

**Amount: \$10.00**

**Data Processing Rep. Class: Q**

*Completed forms should be submitted to: SRAR  
Membership Dept. 7232 Balboa Blvd., Van Nuys, CA 91406 or Faxed to: 818-786-0364*