



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*