



Greater Rochester Association of REALTORS®, Inc.

930 East Avenue, Rochester, NY 14607

585.292.5000 or 800.292.7101

Fax 585.292.0283

Membership Application ~ Business Related (non-licensed)

I hereby apply for BUSINESS RELATED MEMBERSHIP in the Greater Rochester Association of REALTORS®, Inc., and am enclosing my check in the amount of \$25.00 for a one-time application fee and \$ GRAR dues* payable to: GRAR (you may also use the Payment Information Form if paying by credit card). My application fee and yearly dues will be returned to me in the event of non-election. I further understand and agree to the provisions of said membership as set forth in the By-Laws as follows:

“Business Related Members shall be individuals who, while not eligible for Association Membership as defined in paragraph (a) (REALTOR® Members), (b) Designated REALTOR®, (c) REALTOR-ASSOCIATE® Member, or (d) Industry Member of Article IV, have interests concerning real estate, and are in sympathetic with the objectives of the ASSOCIATION. Business Related Members shall have such privileges and rights and be subject to such obligations as may be prescribed by the Board of Directors, shall be eligible to serve on committees, but shall not be able to attend business meetings of the ASSOCIATION, to vote, to hold elective office, or to use the terms REALTOR®, REALTORS®, REALTOR-ASSOCIATE® or the use of the imprint of the emblem seal of the NATIONAL ASSOCIATION OF REALTORS®.”

*Amount shown is prorated according to month joining. Call Member Services’ Dept. at 585-292-5000 to receive the correct amount for dues that must accompany this application.

I hereby submit the following information for your consideration: Please PRINT BELOW:

Name: _____

Please put in a Password that you can use to access www.grar.org (it must be a minimum of 8 characters, including at least one special character such as?@#%&*.) _____

Office Name: _____

Title/Position: _____

Office Address (City/St./Zip): _____

Office Phone: _____ Preferred Fax: _____

Res. Address (City/St./Zip): _____

Res. Phone: _____ E-Mail: _____@_____.

(Published to Members Only) Cell Phone: _____

Preferred Mailing: Home Office Preferred Phone: Home Office

Select Your Specialty(ies): (For Roster Purposes) _____ Financial Planning; _____ Home Inspection; _____ Home Services; _____ Photograph/Virtual Tours; _____ Insurance; _____ Lender; _____ Web-related Services; _____ Property Management (if unlicensed); _____ Title Company; _____ Other _____.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in GRAR, I shall pay the fees and dues as from time-to-time established. NOTE: Payments to the Greater Rochester Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. NO REFUNDS. By signing below, I consent that the REALTOR® Associations (local, state and national) and their subsidiaries, if any [e.g., Genesee Region Real Estate Information Service (GENRIS), REALTORS®’ Charitable Foundation (RCF)] may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____ Dated _____

For Use by GRAR Member Services Dept.

Business Related: Application Fee: \$25. GRAR Dues: _____ TOTAL: _____



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PAYMENT INFORMATION FORM

(Submitted with a GRAR Member Application form when paying by credit card)

Name

Date of Application

TYPE PAYMENT: (Call Member Services' Dept. at 585-292-5000 to receive the correct amount for dues and fees that must accompany this form and the application).

___ AMERICAN EXPRESS

___ MASTERCARD

___ VISA

Account Number

_____ \$ _____
Expiration Date Amount Paid

Name on Card (please PRINT)

Signature of Cardholder

Staff Use Only:

Member Number _____

s:Member Services Dept\FORMS and Letters\Payment Information Form\Rev.11.07