

Georgia Association of REALTORS®

APPLICATION FOR GAR DIRECT / SECONDARY MEMBERSHIP

Please complete this application ONLY if you are currently a primary member of another State Association and wish to apply for SECONDARY Membership in the Georgia Association of REALTORS®.

PLEASE PRINT

NAME (first) (m.i.) (last)

COMPANY NAME

COMPANY ADDRESS

CITY STATE ZIP

PHONE () FAX ()

EMAIL NRDS# (Please contact your Local Assn. if you do not know)

LICENSE#

Which LOCAL REALTOR® Association do you currently hold membership in?

Which STATE REALTOR® Association do you currently hold membership in?

SIGNATURE

DATE

GAR SECONDARY DUES: \$98.00 PER YEAR/PER MEMBER AND ARE PRO-RATED MONTHLY:

Table with 4 columns: JAN, FEB, MAR, APRIL, MAY, JUNE, JULY, SEPT, OCT, NOV, DEC and their respective dues amounts.

Secondary Dues Payment Methods:

For Check Payments: Make checks payable to Georgia Association of REALTORS®
Mailing Address: 6065 Barfield Drive, Sandy Springs, GA 30328
For Credit Card Payments: Fax form to 678.922.7750

FOR QUESTIONS PLEASE CONTACT GAR AT 866.280.0576.

IMPORTANT: Please remember membership is on an individual basis, not by company. The GAR Forms are strictly limited to GAR REALTOR® members only. Download and unauthorized use by the public and licensees who are NOT members of GAR is prohibited.

DATE RECEIVED: AMOUNT PAID \$

NAME ON CARD: CREDIT CARD TYPE: VISA M/C AmEx

CREDIT CARD#: CREDIT CARD SECURITY CODE:

EXPIRATION DATE:

BILLING ADDRESS: Street City State Zip