



**APPLICATION FOR AFFILIATE MEMBERSHIP**

(also used for roster updates)

**NAME:** \_\_\_\_\_  
new membership to TRAR: yes or no OR roster update for existing membership: yes or no

**SOCIAL SECURITY #** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Are you replacing a current TRAR Affiliate Member? Yes or No (circle one)**

**If yes, then who:** \_\_\_\_\_

**Are you currently a member of any Association of REALTORS®? Yes or No**

**If yes, where? (Association name and location):** \_\_\_\_\_

**Type of business:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**