



APPLICATION FOR AFFILIATE MEMBERSHIP
Affiliate Membership is an individual membership - not a company membership

New Membership to TRAR: Yes No

Roster Update for Existing Membership: Yes No

Name: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Cell: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Website Address: _____

Are you replacing a current TRAR Affiliate Member? Yes No

If yes, who are you replacing: _____

Type of Business: _____

Please Select Category: Appraiser Attorney Business Services Environment
 Home Warranty Inspection Insurance Lender (NMLS # _____)
 Management Media Technology Title Company

Credit Card Number: _____ Expiration Date: _____

Personal Security Number: _____ Credit Card Type: _____ Enclosed Check #: _____

Amount to be Charged or Enclosed: \$ _____ (*Dues are Non-Refundable*)

Signature: _____ Date: _____

(Revised 3/15)