



APPLICATION FOR AFFILIATE MEMBERSHIP



Company Name: _____
 Company Street Address: _____
 City: _____ State: _____ Zip: _____
 County where business is located: _____
 Company Telephone: _____
 Company Fax: _____
 Company e-mail address: _____
 Company Website: _____
 Nature of Business: _____
 How long have you been in business? _____
 Name of individual making application: _____

Do you hold an active real estate license? Yes No

Please list names of additional owners in the company:

Please state your reason for desiring Affiliate Membership in the Toledo Regional Association of REALTORS®.

Please list additional names of persons you would like to have on our mailing list:

Membership information is used strictly for the Toledo Regional Association of REALTORS® business. Information is not provided to any individual or business for commercial purposes.

Would you like to receive the TRAR Tribune (Weekly Email)? Yes No

Will you allow your e-mail address to be printed on Affiliate Rosters, which is available to members only? Yes No

 Signature of Applicant

 Date

Please mail completed application and check to:
 The Toledo Regional Association of REALTORS®
 590 Longbow Drive, Maumee, OH 43537
 419.535.3222 ph 419.535.7990 fx