



## APPLICATION FOR AFFILIATE MEMBERSHIP

To: Greater Greenville Association of REALTORS®, Inc.

I Hereby apply for: (circle one) Affiliate or Associate Affiliate Membership in the Greater Greenville Association of REALTORS®, Inc., enclosing my check in the amount of \$ \_\_\_\_\_ which is to be returned to me in the event of non-selection. In the event of my election to membership, I agree to abide by the Constitution, By-Laws and Rules and Regulations of the Greater Greenville Association and the South Carolina Association of REALTORS®.

I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not the basis of any action by me for slander, libel, or defamation of character.

I Understand that by providing my mailing address(es), e-mail addresses(es), telephone number(s), and fax number(s), I consent to receive communications sent from the Greater Greenville Association of REALTORS® and the South Carolina Association of REALTORS® via mail, e-mail, telephone, or facsimile at the number(s)/location(s).

I hereby submit the following information for your consideration: (Please print all information).

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Are you a member of any other real estate Association? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of Association: \_\_\_\_\_

Do you hold a South Carolina Real Estate License? \_\_\_\_\_

Are there now, or have there ever been within the past five years, any complaints against you or the firm you are associated before any state real estate regulatory agency or any other agency of government?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain: \_\_\_\_\_

You are authorized to refer the following members of this Association who know me:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

I agree that, if accepted for membership in the Greenville Association, I shall pay the fees and dues as from time to time established.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

\* A firm must have one full Affiliate Membership before being eligible for Associate Affiliate Membership.



## 2017 AFFILIATE DUES SCHEDULE

<b>Month</b>	<b>Total</b>
January	<b>500.00</b>
February	<b>458.37</b>
March	<b>416.70</b>
April	<b>375.03</b>
May	<b>333.36</b>
June	<b>291.68</b>
July	<b>250.02</b>
August	<b>208.34</b>
September	<b>166.67</b>
October	<b>125.01</b>
November	<b>83.33</b>
December	<b>41.67</b>

Once a Primary Affiliate Member joins from a company, additional members from that office can join as Affiliate Associates for \$100.00 per year. Affiliate Associate dues are not prorated.

Please ask about the \$250 Affiliate dues credit that can be used towards a GGAR event sponsorship.

Additional Affiliate benefits can be found in the Affiliate Benefits flyer.

Connie Winslow: 864-672-3212

Leah Duke: 864-672-3209

Dues must accompany membership application. Please make check payable to GGAR. MC, Visa and American Express also accepted.

Membership Contact: Leah Duke - Email: leah.duke@ggar.com  
Billing Questions: Connie Winslow - Email: connie.winslow@ggar.com

Greater Greenville Association  
of REALTORS®  
50 Airpark Court  
Greenville, S.C. 29607  
Phone: 864-672-4427  
Fax: 864-672-3207  
Website: www.ggar.com



Greater Greenville Association of REALTORS® and  
The Multiple Listing Service of Greenville, SC

50 Airpark Court, Greenville, SC 29607

Association  
Phone: 864-672-4427  
Fax: 864-672-3207  
Website: www.ggar.com

MLS  
Phone: 864-672-4657  
Fax: 864-672-3232

**AUTHORIZATION OF CREDIT CARD USE FOR ASSOCIATION RELATED FEES**

To: **Greater Greenville Association of REALTORS®**

**THIS AUTHORIZATION GRANTS PERMISSION FROM:**

**NAME:** \_\_\_\_\_

**OFFICE NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **AGENT#:** \_\_\_\_\_

**PLEASE SPECIFY (MARK ONE):**  VISA  MASTERCARD  AMERICAN EXPRESS

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

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

**TO CHARGE THIS ACCOUNT FOR:**  GGAR DUES

MISC. GGAR CHARGES

**THIS FORM AUTHORIZES GGAR TO PROCESS THE AMOUNT BELOW. THIS IS NOT SETTING  
UP AN AUTOMATIC DRAFT, AS WE DO NOT STORE CREDIT CARD NUMBERS.  
THIS FORM WILL BE SHREDDED AFTER PROCESSING.**

**IN THE AMOUNT OF:** \$ \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_