



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.



2018 AFFILIATE DUES SCHEDULE

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

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: _____