



AFFILIATE MEMBERSHIP APPLICATION

Business Name _____

Business Type _____

Billing Address _____

Business Website _____

Member Name _____

Member Email _____ Member Phone _____

I, hereby, submit my application for membership with the Lake & Geauga Area Association of REALTORS®. If accepted for membership as an affiliate member, I agree to abide by any rules and regulations of the Association which may apply to Affiliate members. I hereby grant LGAAR permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Do you consent and Opt-In to have your business contact information listed on the LGAAR website and shared with other members? No Yes

Do you consent and Opt-In to Text (SMS) Messages from LGAAR if LGAAR agrees to use this communication method judiciously? No Yes

Applicant's Signature _____ Date _____



- There is no Application Fee
- Annual Primary Affiliate Membership dues for a full year are \$250.00
- Dues are prorated quarterly:
Jan-Mar = \$250.00, Apr-Jun = \$187.50, Jul- Sept =\$125.00, Oct-Dec = \$62.50.
- Membership is with the company, not the individual
- Annual dues invoicing will be sent to the billing address listed on this form
- Cash, check, credit cards are accepted. Dues and fees are non-refundable. Do not mail cash.

All checks to be made payable to LGAAR

To pay with Credit Card, fill out the information below or call the office at 440.350.9000

Payment Method: Check Cash

Credit Card Type Visa Mastercard Discover AMEX

Payment Details

Name on Credit Card _____

Credit card number: _____

Exp: _____ Ccv: _____

Billing Address _____

City: _____ State _____ Zip _____

Total Amount to be charged _____

Signature _____

9930 Johnnycake Ridge Rd., Suite 3A, Concord Twp., Ohio 44060

440.350.9000 | Contact@LGAAR.org