

**LAR AFFILIATE APPLICATION**

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

Name of Firm: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of another Board/Association? \_\_\_\_\_

If so, where? \_\_\_\_\_

Would you be willing to serve on a Committee? \_\_\_\_\_

Would you be willing to sponsor a luncheon or social event? \_\_\_\_\_

Would you be willing to serve on the LAR Board of Directors as an Affiliate  
Advisory Member? \_\_\_\_\_

How did you hear about the Lufkin Association of REALTORS®?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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