

# APPLICATION FOR AFFILIATE MEMBERSHIP

## Kingsville Area ASSOCIATION OF REALTORS®

Please check which membership class you are applying:

Affiliate       Additional Affiliate\*       Public Service       Honorary Student

Name of Company \_\_\_\_\_

Type of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Are you a member of an Institute, Society or Council affiliated with the NAR

(NATIONAL ASSOCIATION OF REALTORS®  Yes  No

If yes, please indicate the name of the affiliate: \_\_\_\_\_

Please list any professional designations that you currently hold:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership, if granted.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Additional Affiliate is available only if there is already a main contact applying or already established for the company.

---

---

Payment by:

Check

Make payment to your local board and mail to:  
Texas Association of REALTORS®  
PO Box 2246  
Austin, TX 78768  
Attn: MBM Department

Credit Card (check one) fax completed application to 512-370-2390 Attn: MBM Dept.

Visa                       Master Card                       American Express

Name of cardholder: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

I authorize TAR to charge my credit card in the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_