



APPLICATION FOR AFFILIATE MEMBERSHIP

Affiliate Membership is an individual membership - not a company membership

Please return completed forms via email to Hailey@trarealtors.net

Are you or have you ever been a member of any other real estate association? Yes _____ No _____

If yes, please list name of association, member type, and dates of membership: _____

New Membership to TRAR: _____ Yes _____ No Type of Membership: Primary _____ Secondary _____

Roster Update for Existing Membership: _____ Yes _____ No

Name: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Cell: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Website Address: _____

Are you replacing a current TRAR Affiliate Member? _____ Yes _____ No

If yes, who are you replacing: _____

Type of Business: _____

Please Select Category: _____ Appraiser _____ Attorney _____ Business Services _____ Environment
_____ Home Warranty _____ Inspection _____ Insurance _____ Lender (NMLS # _____)
_____ Management _____ Media _____ Technology _____ Title Company

Credit Card Number: _____ Expiration Date: _____

Personal Security Number: _____ Credit Card Type: _____ Enclosed Check #: _____

Amount to be Charged or Enclosed: \$ _____ (*Dues are Non-Refundable*)

Signature: _____ Date: _____

2531 Division St., Suite 102
Joliet, IL 60435
Phone: 815-744-4520
Email to: hailey@trarealtors.net
www.trarealtors.net



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Credit Card Payment Authorization Form

Sign and complete this form to authorize Three Rivers Association of REALTORS® to make a one-time charge to your debit/credit card listed below. By signing this form, you give us permission to charge your card for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional payments of unrelated charges on your member account.

Please complete the information below:

I _____ authorize Three Rivers Association of REALTORS® to
(Please print clearly)

charge my debit/credit card indicated below for \$_____ on or after_____. This payment
is for _____ . Phone# _____
(description of goods/services)

E-mail _____ TRAR Member # _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Debit/Credit Card Number _____

Expiration Date _____ CVV _____

Billing Address of Card: _____

SIGNATURE _____

DATE _____

I authorize Three Rivers Association of REALTORS® to charge the debit/credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.