



FIRM AFFILIATE REPRESENTATIVE

I hereby request that the following people be listed under my Firm Affiliate Membership in the Southland Regional Association of REALTORS® (SRAR) at a cost of **\$25 each additional member**. These members understand and agree to abide by the Rules, Regulations, and Bylaws of SRAR, including but not limited to Article V Section 3 and 4 of the Bylaws.

(Please Print or Type)

1. Firm Rep. Name: _____ Date: _____
2. Firm Rep. ID #: _____ Driver's License #: _____
3. Firm Rep. Email Address: _____
4. Firm Rep. Website: _____
5. Firm Rep. Phone #: _____
6. Firm Name: _____
7. Firm ID #: _____
8. Business Street Address: _____
9. Business City: _____
10. Business State: _____
11. Business Zip: _____
12. Business Phone #: _____
13. Firm Rep. Signature: _____

For Association Use Only

Paid by: Check # _____ or CASH or VISA / MC / AMEX / DISCOVERY: _____

Amount: \$25.00

Data Processing Rep. Class: Q

Completed forms should be submitted to: SRAR

Membership Dept. 7232 Balboa Blvd., Van Nuys, CA 91406 or Faxed to: 818-786-0364