

**WASHINGTON – GREENE ASSOCIATION OF REALTORS®**

31 E. Chestnut St., Freedom Center, Suite 303, Washington, PA 15301

Phone: 724-228-0500

**Application for Affiliate Membership  
Washington-Greene Association of  
REALTORS®**

I, \_\_\_\_\_, hereby apply for Affiliate Membership in the above named Association and **enclosed my Affiliate DUES payment for \$ 150.00.** I understand that dues are non-refundable. I further understand that the Board of Directors must approve my application before I become an Affiliate Member in good standing. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended.

I authorize the Association, through its Membership Committee invite and receive information and comment about me from any Member or other person; and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

**CERTIFICATION:** I hereby certify that the foregoing and following 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, shall be grounds for revocation of my membership. I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. I have read the above membership application:

Applicant's Signature/Date:

\_\_\_\_\_

Please complete application. Failure to complete application in full may delay review and approval. (Print or Type)

\*First Name/Middle/Last Name:

\_\_\_\_\_

Nick Name:

Gender: \_\_\_M \_\_\_F

\*First Name/Middle/Last Name:

Gender: \_\_\_M \_\_\_F

Home Address:

Home Address 2:

\*City

\*State: PA

\*Home Zip

Home Phone:

Personal Fax:

Preferred Fax: \_\_\_Home \_\_\_Office

\*Office Name:

Office Mail Address:

Office Address 2:

City:

State: PA

Office Zip:

\*Preferred Mail: \_\_\_Home \_\_\_Office

Member Web Page address: www.

Member E-mail address:

\*Office Phone #:

Office Voice Extension:

\*Primary Association: WGAR

Revised 12-05