

**Heart of Georgia Board of Realtors
Application for Affiliate Membership**

Name of Applicant: _____ Birthday: _____

Firm Name: _____

Firm Address: _____ City _____ State _____ Zip _____

Firm Phone#: _____ Ext# _____ Fax# _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone#: _____ Social Security # _____

Cell# _____ Pager # _____ Voice Mail: _____

E-mail Address: _____ Web Address: _____

Do you hold an active Real Estate License in the State of Georgia? _____
(If you have a Real Estate License, you are eligible for REALTOR status)

Do you currently belong to any other Board/Association of REALTORS®? _____
If so, name of Board/Association: _____

Have you paid Georgia Association of REALTORS® (state) dues for the current year? _____

Board Committee's: Would you be interested in participating on any of our Committee's? Circle the position that most interests you.

Awards Committee	Bylaws	Public Relations	Education
Equal Opportunity	Finance	Membership	Legislative/License Law
Political Affairs	Program	Garpac	Tip of the Month

If accepted for Affiliate Membership, I agree to subscribe to the principles as expressed in the Code of Ethics of the National Association of REALTORS®.

Signature of Applicant

Date

Please mail application and check to:

Heart of Georgia Board of Realtors
P.O. Box 35
Griffin, Georgia 30224
Phone: (770)229-4478
Fax: (770)228-9101