## APPLICATION FOR AFFILIATE MEMBERSHIP

**Choose One:	Individual Affiliate Membe	er Corp	porate Affiliate Member	
Name:				
First	Nickname	Middle Email:	Last	
Birthdate://	Sex: M/F (Circle	One)		
Company Name:				
Company Address:				
Company City:		State:	ZIP Code:	
Company Phone:		Company	Fax:	
Please complete inform	nation in the box for Corporate	Affiliate Membership	Only	
Local Affiliate #1 (GI	MAR membership)			
Name:				
First	Nickname	Middle	Last	
Birthdate://	Phone:	Email:		-
Local Affiliate #2 (GI	MAR membership)			
Name: First	Nickname	Middle	Last	
Birthdate://	Phone:	Email:		_
regular dues as may be the Association's Bylar assessments are non-re	fixed by the Board of Director ws. I/we understand the GMAF fundable.	rs, and conduct ourselve R Policy on dues refund	REALTORS® and agree to pay such es in accordance with all the provisions as is that dues, application fees, fines an	
Amount Enclosed:	(Please make	e cneck payable to: G	MAK.)	
MC / VISA #			Exp. Date:	

## **SEND APPLICATION & PAYMENT TO:**

GMAR, 12300 W. Center St., Milwaukee, WI 53222 or email to michelle@gmar.com. Questions? Contact Michelle Kohn, GMAR Membership Director, michelle@gmar.com or 414-778-4929.

Dues to the Greater Milwaukee Association of REALTORS® are not tax deductible as a tax charitable contribution for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.