

Application for Affiliate Membership

**Greater Newburyport Association of REALTORS
143 State Street, Suite #5
Newburyport, MA 01950
978-462-5415
fax 978-462-2839**

\$200.00 application fee to be submitted with application (checks Payable to GNAR or Visa, Mastercard accepted)

To:

GREATER NEWBURYPORT ASSOCIATION OF REALTORS

(Applicant's name)

(Business name)

Home address: _____

Home phone: _____

Business address: _____

Business phone: _____

Fax Number: _____

Cell Phone: _____

Website Address: _____

E-Mail Address: _____

I hereby certify that the foregoing 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, may be grounds for revocation of my membership, if granted.

Signature _____

(Applicant)

(date)