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Fellow Affiliate Membership Application

Fellow Affiliate Applicant Information

First Name: _____ M.I _____ Last Name: _____

Nickname: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address Same as Home Address Same as Office Address

If different, _____

City: _____ State: _____ Zip Code: _____

Cellphone # _____ Email: - _____

Office Information

Office Name: _____

I hereby apply for membership and enclose in the Southern Gateway Association of REALTORS® with payment fee for a Fellow Affiliate Membership. In the event my application is approved, I agree to payment as a condition of membership, which is nonrefundable. I understand the prorated fee covers my annual dues through December 31st .

I consent and authorize SGAR, through its membership committee or otherwise, to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to KCRAR 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. I understand once accepted into KCRAR, membership dues are nonrefundable.

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Fellow Affiliate Printed Name Fellow Affiliate Signature Date

Main Affiliate Printed Name Main Affiliate Signature Date