

# GASTON ASSOCIATION OF REALTORS® , INC

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## MEMBERSHIP REPORT FORM

**GAR BYLAWS REQUIRE THE DESIGNATED REALTOR® OF THE FIRM TO REPORT TO GAR ADDITIONS AND DELETIONS OF ALL LICENSEES AFFILIATED WITH THE FIRM.**

DATE: \_\_\_\_\_

**DESIGNATED REALTOR® CERTIFICATION:** (check/complete all that applies)

1.  I certify by signing below that the below-named licensee joined my company  
  
(Date) \_\_\_\_\_.
2.  This licensee is a REALTOR® member of GAR. Enclosed is the required \$25 transfer fee.
3.  This licensee does not plan to become a member of GAR at this time. Enclosed is my payment for \$440, additional dues assessment that I owe for the affiliation of this non-member licensee with my company.

**Note:** The firm's designated Realtor® is assessed an annual fee for each active licensee employed by or affiliated with the company who does not become a Realtor®. Such licensee will have no membership standing, receive no benefits, and may not use the term Realtor®.

4.  **CHANGES:** Please make changes indicated BELOW to the company and/or licensee information.

SIGNATURE of Designated REALTOR® \_\_\_\_\_

SIGNATURE OF LICENSEE \_\_\_\_\_

**NOTE: USE THIS FORM TO NOTIFY GAR**

- When a licensee who is a member of GAR transfers to your company location from another company location.
- If a licensee joins your company and will not be joining GAR
- Of any changes in company or licensee information.

**Note:** A transfer fee of \$25 must be paid with this change.

This form is not required if the new licensee is joining GAR.

If a licensee leaves your company, provide GAR with a copy of THE NCREC *Request to Remove Licensee from Broker Supervision* form or your notice to the NCAB of the termination of the appraiser licensee from association with your company.

**COMPANY INFORMATION**

**LICENSEE INFORMATION**

NAME	NAME	LICENSE #
STREET	PO BOX	HOME ADDRESS
CITY/STATE/ZIP	PREFERRED PHONE	
PHONE	FAX	PREFERRED E-MAIL
OFFICE EMAIL	WEBSITE	
OFFICE WEB SITE	DOB	

**PAYMENT METHOD**

AMOUNT \$ \_\_\_\_\_  CHECK # \_\_\_\_\_ ENCL. (payable to GAR)  CHARGE MY CREDIT CARD (circle): VISA MASTER DISCOVER

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_ CNP # (3 digit # in sig. box) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CARD BILLING ADDRESS (If different from mailing address above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_