



GREATER CINCINNATI REALTIST ASSOCIATION

Democracy In Housing
P.O. Box 14848, Cincinnati, OH 45250

- RENEWAL
- NEW

MEMBERSHIP CATEGORIES & DUES REQUIRED (Check all appropriate boxes)

- Individual Broker** \$230 – Must be licensed in the State of Ohio
- Sales Associates** \$175 – Must be licensed in the State of Ohio and Broker must be a member of GCRA
- Allied Sales Associate** \$175 – Licensed agent whose broker is not a member of GCRA
- Corporate Allied Member** \$520 – Corporations, banks, title companies, mortgage companies, 10 + employees
- Small Business Owner/Manager – Allied Member** \$270 – Individuals, Co-Partners, & Corporations engaged in business affiliated with the real estate profession such as Mortgage Bankers, Mortgage Brokers, Appraisers, Inspectors, Title Companies, Builders, Property Managers, Developers, Contractors, Architects, Attorneys, etc. This shall also include Marketing and Technology experts as their services relate to the promotion of the Greater Cincinnati Realtist Association's goals and objectives. (< 10 employees)
- Small Business Individual/Employee** \$195 – Individuals engaged in business affiliated with the real estate profession such as Mortgage Bankers, Mortgage Brokers, Appraisers, Inspectors, Title Companies, Builders, Property Managers, Developers, Contractors, Architects, Attorneys, etc. This shall also include Marketing and Technology experts as their services relate to the promotion of Greater Cincinnati Realtist Association's goals and objectives.

SECTION 1: CONTACT INFORMATION (Please print legibly)

FULL NAME _____
 COMPANY NAME _____
 COMPANY ADDRESS _____
STREET ADDRESS CITY/STATE ZIP

TELEPHONE _____ EMAIL ADDRESS _____

SECTION 2: SMALL BUSINESS OWNER/MANAGER ALLIED MEMBERS ONLY!

Corporations of 10 + fee is \$520 and the Small Business Owner/Manager fee is \$270 for one company representative. Each additional member is \$195. Please provide names and phone numbers of your company's representative(s)

Full Name _____	Telephone _____
Full Name _____	Telephone _____
Full Name _____	Telephone _____
Full Name _____	Telephone _____

COMMITTEES: Please check appropriate box(es) for the committee(s) you are interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> EDUCATION & PROFESSIONAL DEVELOPMENT | <input type="checkbox"/> WAYS & MEANS | <input type="checkbox"/> PUBLICITY |
| <input type="checkbox"/> POLITICAL ACTION | <input type="checkbox"/> MEMBER SERVICES | <input type="checkbox"/> REALTIST/LENDER |
| <input type="checkbox"/> LONG RANGE PLANNING | <input type="checkbox"/> BUDGET / AUDIT | <input type="checkbox"/> BOB LANE MEMORIAL |

Payment in full entitles you to full membership. To abide by the rules and regulations set forth by the National Association of Real Estate Broker, Ohio Realtist Association and the Greater Cincinnati Realtist Association. As a member you are entitled to all privileges as set forth in our By-laws and Constitution. In conjunction with your membership, you will allow your name and/or image to be used for tracking and marketing purposes.

Applicant's Signature _____

Date _____