



Hispanic Association of REALTORS® and Affiliates
NEW MEMBERSHIP APPLICATION

(Please Print)

Today's Date ____/____/____

MEMBER INFORMATION

Last Name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Birth Date (optional) / /	
Home Address	City	State	ZIP	Home Phone No. ()	Mobile ()
P.O. Box	City	State	ZIP Code		

COMPANY INFORMATION

Company Name	Title	Email Address		
Company Address	City	State ZIP	Office Phone No. ()	Office Fax No. ()
Type of Organization:	<input type="checkbox"/> Sales	<input type="checkbox"/> Lender	<input type="checkbox"/> Title	<input type="checkbox"/> Other _____

PROFILE

How did you hear about HARA?	Year joined Real Estate Industry?	Are you bilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Do you hold any professional designations? <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Join a committee? <input type="checkbox"/> Yes, I would like to participate Committee _____ <input type="checkbox"/> Not at this time	Do you have a website? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Do you belong to any other Real Estate organizations? <input type="checkbox"/> No <input type="checkbox"/> Yes _____	

PAYMENT INFORMATION

Membership Dues: **\$50**

Cash \$ _____
or

Check (payable to HARA) Check# _____
or

Credit Card # _____ Expires _____ Signature _____

Please mail completed application and payment to: 1009 E. Capitol Expressway #710, San Jose CA 95121

**For additional information on the Hispanic Association of REALTORS® and Affiliates visit us at
www.haragroup.com**

X _____
 MEMBER SIGNATURE DATE