

***** Must be a Member in Good Standing at Time of Application *****

Name: _____

Address: _____

City / State: _____ / _____ Zip: _____

NAR NRDS Number: _____

Year you became a Member of Board / Association and CAR : _____

If 15 years of service included in other Boards / Associations, please list:

My signature below is verification that this Honorary Member applicant has served a minimum of 15 years in the Tri-Counties Association of REALTORS®.

Honorary Membership becomes effective January 1st of the year following approval.

Signed: _____ Date: _____

Board / Association Executive

Please include proof of age with the Application. Acceptable forms of identification should include the member's name and birth date (i.e. driver license, passport, photo identification card, etc.)

Please direct inquiries and send Applications to:

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laurah@tricorealtors.com