



# REALTOR® Alliance Group Application Form

**\$300 PRIMARY MEMBER APPLICATION FEE; \$125 ADDITIONAL MEMBER APPLICATION FEE**

New or reinstating offices and branch offices must submit payment with office

NAME OF OFFICE: \_\_\_\_\_

TYPE OF BUSINESS: (circle one)

- |  |                               |
|--|-------------------------------|
| <b>1 Financial Services</b>            | <b>6 Building Contractors</b> |
| <b>2 Title &amp; Escrow</b>            | <b>7 Moving Companies</b>     |
| <b>3 Home Inspection Services</b>      | <b>8 1031 Exchange</b>        |
| <b>4 Home Repair &amp; Maintenance</b> | <b>9 Developers</b>           |
| <b>5 Legal Services</b>                |                               |

OTHER (please specify) \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS OR POST OFFICE BOX CITY STATE ZIP CODE

WEB SITE ADDRESS: \_\_\_\_\_

-----  
PRIMARY MEMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

-----  
ADDITIONAL MEMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Suite 236A Julale Center, 424 West O'Brien Dr., Hagatna, GU 96910 ▪ Phone: (671) 477-4271 / Fax: (671) 477-4275 ▪ Email: ceo@guamrealtors.com



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OFFICE PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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ADDITIONAL MEMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

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ADDITIONAL MEMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

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ADDITIONAL MEMBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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*Please attach additional sheet if needed.*

\_\_\_\_\_  
Signature of Primary Member

\_\_\_\_\_  
Date

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