

Business Partner Application for Membership

Additional Business Partner Application

Additional Member:	
First Name:	Last Name:
DOB: / /	SS# (last 4 digits):
Primary Phone:	Email:
Add Name to GKAR Business Partner Director	у
Additional Member Signature:	
Additional Member:	
First Name:	Last Name:
DOB: / /	SS# (last 4 digits):
Primary Phone:	Email:
Add Name to GKAR Business Partner Director	y
Additional Member Signature:	
Additional Member:	
First Name:	Last Name:
DOB: / /	SS# (last 4 digits):
Primary Phone:	Email:
Add Name to GKAR Business Partner Director	у
Additional Member Signature:	
NON-COMPETE Applicant agrees if accepted as a Business Partner Member that neither applicant nor its affiliates, officers, directors, employee agents, members, or partners ("Covered Parties") who are a licensed Real Estate salesperson, Broker or Associate Broker ("Licensees") will at any time be permitted by Applicant to engin the brokerage, listing or sale of real property that requires a Estate Broker, Associate Broker or Salesperson license. Applicate agrees that while a Business Partner Member, it will disclose the identity of any Covered Party who are Licensees to the Association.	s, Parties do not compete with the Association's members in the brokerage listing or sale of real estate. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide information requested, or any mis-statement of fact, shall be grounds for revocation of membership, if granted. I have read and agree to abide by the information included in this
I,, the Responsible Membarda authorize the addition of the Office Member(s) listed about monetary expenditures incurred by these Office Member	Business Partner Office Name ove and agree to assume all financial responsibility and any other (s).
Signature:	