



www.marcatlanta.org

OFFICE USE ONLY

Mem. Cat. _____
Authorized _____
Date Approved _____
Amt. Paid _____

PLEASE TYPE / PRINT ALL INFORMATION

PLEASE CHECK APPROPRIATE MEMBERSHIP CATEGORY

Name _____
Nickname (for Badge) _____
Company Name _____
Your Title _____
Address /Suite _____
City, State, ZIP _____
Telephone _____
Fax _____
Email Address _____

- Corporate Membership
Service/Associate Service Membership
- Third Party Representative
- Relocation Service Professional
- Residential Real Estate Relocation Professional
- Full-time Real Estate Appraiser
- Other

Name of Corporate Member Recruited by Service Representative _____

What is your company's product / service? _____

Is your company a member of the Employee Relocation Council? YES _____ NO _____

Are you new to the relocation industry? YES _____ NO _____

How long have you been involved in relocation services (please specify)? _____

Do you hold any of these designations (please attach copy) CRP _____ SCRP _____ GMS _____

Are you a replacement member for your organization? If so please state the former member's name? _____

Have you ever been a MARC member before? YES _____ NO _____ When? _____

Explain briefly what you do in your current position. _____

Are you interested in participating on a MARC Committee? _____

Membership [] Newsletter [] Programs [] PR []

MEMBERSHIP FEES:
PER YEAR:
\$125 Service Membership (4 per company)
\$100 Primary Corporate Membership (1 per company)
\$ 25 Associate Corporate Membership (3 per company)
\$250 Associate Service Membership (4 per company). This fee includes a \$50 one-time application fee.
IF JOIN AFTER JULY 1:
\$ 50 after July 1 - Service Membership
\$ 35 after July 1 - Primary Corporate Membership
\$ 10 after July 1 - Associate Corporate Membership
Check should be made payable to Metro Atlanta Relocation Council and must accompany form.
Please return one copy of this form with payment to:
MARC
Attention: Membership
P.O. Box 467292
Atlanta, GA 31146

MEMBERSHIP CRITERIA

I, supervisor of the applicant, hereby designate _____ to represent our company as a member of the Metro Atlanta Relocation Council. I understand each company may have a maximum of four paid memberships (two voting and two non-voting) in MARC. (Each applicant must complete a separate application.)

Supervisor's Signature and Title _____ Company Name _____ Date / /

OR

Broker's Signature _____ Real Estate Company _____ Date / /

POLICY ON NON-SOLICITATION

By signing below, I acknowledge receipt and understanding of the MARC Membership Policy.

As a member, I pledge to maintain high standards of professional integrity and ethics for the mutual benefit and growth of participating members. In order to best meet the purpose of the Metro Atlanta Relocation Council and to remain focused on the educational goals of MARC and to keep the organization open and free from bias, the members do adopt the following caveat:

MEMBERS ARE PROHIBITED FROM DIRECTLY SOLICITING BUSINESS AT MARC FUNCTIONS.

Applicant Signature _____ Date / /

Applicant submit one copy and retain one copy.