



# RISK REDUCTION GRADUATE™

## Program Membership Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Real Estate Office: \_\_\_\_\_

Broker of Record: \_\_\_\_\_

1. How many years have you been an agent? \_\_\_\_\_

2. How many years have you been a REALTOR®? \_\_\_\_\_  
*All certified RRG™ Members must be REALTORS®.*

3. What other designations or certifications do you currently hold?  
\_\_\_\_\_

4. What is your area of expertise? \_\_\_\_\_

5. How did you hear about RRG? \_\_\_\_\_

***Payment Information:***

**I am applying for membership in the Risk Reduction Graduate™ Society. I am enclosing payment for Dues/Membership Fee of \$99 or the pro-rated amount of \_\_\_\_\_**

**Signature:** \_\_\_\_\_

*If paying by check, please make check payable to GLVAR. Application can be Faxed to the number below or mailed to:  
Greater Las Vegas Association of REALTORS® 1750 E. Sahara Avenue Las Vegas, NV 89104  
Phone: 702.784.5004 Fax: 702.732.4152*

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**CID#** (security code) \_\_\_\_\_