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APPLICATION FOR MEMBERS HELPING MEMBERS™ SPONSORSHIP
Sponsor will be contacted by a Trustee requesting additional information

ALL INFORMATION IS CONFIDENTIAL

Date: _____

Application submitted by Bay East Member:

PRINT NAME

MEMBER NUMBER

Telephone Number of Sponsor: _____

FAX Number of Sponsor: _____

Sponsor E-mail: _____

Name of Member needing Assistance: _____

Please explain specific need for assistance: _____

How can the Foundation facilitate that need: _____

Are other organizations or individuals providing assistance? Please list: _____

Use additional pages if necessary.
Thank you for applying to the Bay East Association of REALTORS® FOUNDATION.