



GEORGIA ASSOCIATION OF LICENSED REPOSSESSORS

www.galr.org

“Achieving professionalism through education and standardization”

Georgia Associations of Licensed Repossessors Member Registration Form

Company Name: _____

Owner or Manager: _____

Company Mailing Address: _____

Company Physical Address: _____

Company Phone: _____ Fax: _____

Website: _____ Years in Business: _____

Cell Phone: _____ Email Address: _____

We are members of (AFA, ARA, CALR, TexasARP, FLACARS, Eagle Group XX, etc:) _____

Please add the following employees as Agent Member(s) @\$50.00 each

*Each Agent member will need to complete an Agent Membership Registration form.

1st Agent Member Name: _____

2nd Agent Member Name: _____

3rd Agent Member Name: _____

4th Agent Member Name: _____

Email your photo in professional business attire and company logo to: members@galr.org

I would like to donate an additional \$ _____ to GALR's general fund, to show my support in offsetting expenses of the association to keep our initiative moving forward for training and education in our industry.



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Required Documents

- Current, digital, color photograph of the applicant in business attire (.jpg, .gif or .png format only)
- Minimum one (1) photo of recovery equipment. (.jpg, .gif or .png format only)
- Proof of “wrongful repossession” insurance coverage (Accord Form) with Georgia Association of Licensed Repossessors, Inc listed as “Certificate Holder”
- Copies of all city, county or state licenses held by applicant that are applicable to repossession or repossession related services
- Copies of all trade memberships/certifications (ex: RISG, AFA, CALR, FLAR, IRA, ARA, TexasARP)
- Copy of applicant’s current driver’s license, enlarged, or scanned so that photo and written information is clear
- Proof of business start date (ex: articles of incorporation, assumed name registration, etc.)
- Proof of applicant’s ownership of business (ex: stock certificate, stockholder list from state corporation agency, member list from Operating Agreement, etc and all dba or assumed name filings.)
- Current copy of applicant’s individual credit report



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By becoming a member, I agree to follow the GALR Code of Ethics. Membership may be revoked at any time by violating the code of ethics. Violations will be held under review by the GALR board of directors.

GALR Code of Ethics:

1. To embrace the essence of free enterprise all the while creating unification and solidarity.
2. To work closely with our local governments to educate all law enforcement agencies about the collateral recovery industry.
3. To conduct business in a way to promote the professionalism of our industry.
4. To promote good will toward fellow members and the financial institutions we serve.
5. To attend and participate in various functions where our members, vendors, financial institutions, and law enforcement will be encouraged to participate.
6. To communicate and support one another, to provide commonality and consistency in various industry related standards.
7. Never discriminate or interfere based on race, creed, color, sex, religion, or national origin.
8. To provide education for clients regarding proper and industry accepted standards for all parties involved.

Our preferred method of payment is by check, as to avoid paying credit card processing fees.
To pay by card: We accept Visa, MasterCard or American Express.

If you have questions on membership, please contact the president at (706)857-8134.

Email registration form to: members@galr.org

Fax registration form to 770-426-8505

Mail registration form and your check to:

GALR
PO BOX 1922
VILLA RICA, GA 30180

*RETURNED CHECKS WILL BE ASSESSED A \$30.00 SERVICE CHARGE.