



NRDS ID (if transfer) _____
Sub-class _____
Dues Owed _____
Intended start date _____

**APPLICATION FOR AFFILIATE MEMBERSHIP**

I hereby apply for an Affiliate membership to the V \_\_\_\_\_ # \_\_\_\_\_ " \_\_\_\_\_ REALTORS®.

**CONTACT INFORMATION**

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
*(First Name M.I. Last Name)*  
 Title or position with the firm \_\_\_\_\_  
 Preferred e-mail address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**CONTACT PREFERENCES**

**ASSOCIATION MEMBERSHIP**

Phone	<input type="checkbox"/> Office	<input type="checkbox"/> Cell	(Check one)
Fax	<input type="checkbox"/> Office	<input type="checkbox"/> Local	
Mailing address	<input type="checkbox"/> Office	<input type="checkbox"/> Local and State	

**OFFICE INFORMATION**

**PRIMARY BUSINESS FIELD**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Unit/Suite \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_  
 Office Mailing Address (if different from above)  
 Address \_\_\_\_\_ Unit/Suite \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

- Mortgage/Banking
- Attorney
- Title
- Inspection
- Cleaning & Restoration
- Media
- Other: \_\_\_\_\_

In making application, I hereby irrevocably waive claim or right of action or any right or claim in equity that I might have at any time hereafter against the V \_\_\_\_\_ # \_\_\_\_\_ " \_\_\_\_\_ REALTORS®, its directors, officers, committee members, and other officials either as a group or as individuals, for any act in connection with the business of the Association.

**The above application has been read by me and I certify to the correctness thereof and approve.  
 I understand that all dues/fees paid are not refundable.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_



**AFFILIATE MEMBERSHIP APPLICATION**

Fax to 401-941-5360 or send to membership@riliving.com.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Describe your product/service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

**AFFILIATE MEMBERSHIP BENEFITS & DUES**

Includes a company listing and link to your website on RILiving.com and/or RIRealtor.org, discounted advertising opportunities on RILiving.com, RIRealtors.org and in RIAR online newsletters, publications, and marketing materials, as well as discounts and first opportunity to respond on event sponsorships. Affiliate members also have access to free forms from the Rhode Island Association of REALTORS® via Instanet.

Affiliate membership dues are \$195/year, prorated monthly, and accompanied by this contract signed by the applicant. Dues are non-transferable and non-refundable. A full year membership runs January 1 through December 31. Any discounts and benefits associated with affiliate membership are terminated upon termination of the membership.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that affiliate membership in the RI REALTORS® Partner Program does not grant me or my business, voting rights in the Rhode Island Association of REALTORS® and I affirm that the information contained herein is true and accurate.**

**PAYMENT METHOD**

Check enclosed in the amount of \$ \_\_\_\_\_ via Check # \_\_\_\_\_ Date: \_\_\_\_\_

I authorize RIAR® to charge \$ \_\_\_\_\_ to my:  Visa  MC  Discover  AMEX

Cardholder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*I authorize Rhode Island Association of Realtors® to charge my credit card.*

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (This information will be shredded.)

RI REALTORS®: Rhode Island Association of REALTORS® & State-Wide Multiple Listing Service