



Office use only:

NRDS ID (if transfer) _____

Sub-class _____

Dues Owed _____

Intended start date _____

APPLICATION FOR BUSINESS PARTNER MEMBERSHIP

I hereby apply for a Business Partner membership to the Newport County Board of REALTORS®.

CONTACT INFORMATION

Name _____ Nickname _____
(First Name M.I. Last Name)

Title or position with the firm _____

Preferred e-mail address _____ Cell Phone _____

CONTACT PREFERENCES

Phone Office Cell Other

Fax Office Home

Mailing address Office Home Other

BOARD MEMBERSHIP TYPE

The annual membership dues for an NCBR Business Partner individual membership is \$225.

In addition, we also offer group Business Partner membership rates. The annual membership dues for NCBR Business Partner group membership is \$425 for up to four members from the same office or branch location. Additional memberships from the same office are \$100 per member.

(Check one)

- Individual** **Group** (up to four individuals) Please name additional members

Name _____ E-mail _____

Cell Phone _____ Website _____

Name _____ E-mail _____

Cell Phone _____ Website _____

Name _____ E-mail _____

Cell Phone _____ Website _____

OFFICE INFORMATION

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 _____

PRIMARY BUSINESS FIELD

- Appraiser
- Architectural
- Attorney/Title
- Civil Engineering
- Cleaning & Restoration
- Financial Consultant
- Home, Mold, Pest, Septic Inspection
- Insurance
- Mortgage/Banking
- Other: _____

Dues are not refundable

Board Dues (Prorated monthly)

- | | | |
|--|--------------------|------------|
| <input type="checkbox"/> Individual Membership | January - December | \$225 |
| <input type="checkbox"/> Group Membership (up to 4 persons) | January - December | \$425 |
| <input type="checkbox"/> Additional Membership(s) (over 4) | January - December | \$100 each |
| <input type="checkbox"/> Website Banner | | \$50 |
| <input type="checkbox"/> RI REALTORS® Business Partner Membership
(separate application attached) | January - December | \$195 |

PAYMENT METHOD

- Check Enclosed (Payable to NCBR)
- Credit Card Visa MC Amex Discover Amount \$ _____

Cardholder signature _____ Card# _____ CVV# _____

Expiration Date ____/____/____ Billing Zip Code _____

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 NEWPORT COUNTY BOARD OF 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 Board.

**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