

APPLICATION FOR AFFILIATE/BUSINESS PARTNER

I hereby apply for an Affiliate/Business Partner Membership to the Newport County Board of REALTORS®.

CONTACT INFORMATION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: (First) _____ (Last) _____

Title/Role: _____ Cell: _____

Email: _____ @ _____ .COM

Mailing Address if different from Company address: _____

BOARD MEMBERSHIP (Monthly)

☐ Individual: \$225/per year One individual represents the company in contacts and at events

☐ Group: \$425/per year Up to four people represent the company in contacts and at events

☐ Statewide \$195/per year This is an additional add-on to your chosen membership

☐ More than four company representatives will be an additional \$100 per person

PRIMARY BUSINESS FIELD

☐ Appraiser ☐ Architect ☐ Attorney ☐ Engineer ☐ Cleaning/Restoration ☐ Financial Consultant/Planner

☐ Home Inspection ☐ Septic ☐ Stager ☐ Mortgage/Banking ☐ Other: _____

☐ Specific Type: _____

In making this 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 certify to the correctness thereof and approved. I understand that all dues/fees paid are not refundable.

X _____

Applicant's signature, Title

Date