



|                             |       |      |
|-----------------------------|-------|------|
| <b>For Office Use Only:</b> |       |      |
| NRDS ID                     | _____ |      |
| Sub-class                   | _____ |      |
| Dues Owed                   | _____ |      |
| Intended start date         | _____ |      |
| CC                          | MLS   | Text |

**APPLICATION FOR BUSINESS PARTNER/AFFILIATE MEMBERSHIP**

I hereby apply for a Business Partner/Affiliate membership to the Kent Washington Association 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           | <input type="checkbox"/> Office | <input type="checkbox"/> Cell | <input type="checkbox"/> Other |
| Fax             | <input type="checkbox"/> Office | <input type="checkbox"/> Home | <input type="checkbox"/>       |
| Mailing Address | <input type="checkbox"/> Office | <input type="checkbox"/> Home | <input type="checkbox"/> Other |

**MEMBERSHIP TYPE**

The annual membership dues for a KWAOR Business Partner/Affiliate membership is \$200/year prorated monthly.

The Rhode Island Association of Realtors® offer an Affiliate Membership - RI Realtors® Partner Program for \$195/year prorated monthly. This membership is not a requirement for KWAOR Business Partner/Affiliate Membership.

(Check one)  
 **KWAOR Membership Only**       **KWAOR and RIAR Membership**

**OFFICE INFORMATION**

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Unit/Suite \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office fax: \_\_\_\_\_  
 Website: \_\_\_\_\_

Office Mailing Address (if different from above)

Address \_\_\_\_\_ Unit/Suite \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**PRIMARY BUSINESS FIELD**

|   |  |
|---|--|
| <input type="checkbox"/> Appraiser              | <input type="checkbox"/> Financial Consultant                |
| <input type="checkbox"/> Architectural          | <input type="checkbox"/> Home, Mold, Pest, Septic Inspection |
| <input type="checkbox"/> Attorney/Title         | <input type="checkbox"/> Insurance                           |
| <input type="checkbox"/> Civil Engineering      | <input type="checkbox"/> Mortgage/Banking                    |
| <input type="checkbox"/> Cleaning & Restoration | <input type="checkbox"/> Other: _____                        |

## PAYMENT AND SIGNATURE

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 Kent Washington Association 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 Association.

The above application has been read by me and I certify to the correctness thereof and approve. I understand that all dues/fees are non-refundable.

Make checks payable to KWAOR or call the Association office to charge your credit card. Prorated dues information is available by contacting us at 401-885-9300 or [Kathleen@kwaor.realtor](mailto:Kathleen@kwaor.realtor).

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Applicant Signature

Date