



For Office Use Only:		
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 \$225/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.

Applicant Signature

Date