

Additional Affiliate Rep Registration

For Office Use
Date Received _____
Amt \$ _____
Check # _____
Name on Check _____

Designated Affiliate: Please fill in any additional Representatives for your firm in the space below and please copy as needed. For **each NEW representative**, please include **\$30.00** per rep. All additional Representatives agreed to abide by the regulations as specified for the Designated Affiliate Representative. (*\$30 rep fee in non-transferable*).

Payment Options: Cash, check payable to: "RANW" or VISA or MC

VISA / MC: Card # _____ Exp Date _____ in the amount of \$ _____

Name On Card _____ Cardholder's Signature _____ Date _____

Charge Card Authorization Code _____ (**REQUIRED**)

1. Name _____ Company Name _____

Company/Branch Address _____

City _____ St _____ Zip _____

Home (optional) _____ City _____ St _____ Zip _____

County _____

Home/Personal Phone _____ Cell or Pager _____

Office/Business Phone _____ Ext _____ Fax Number _____

Email Address _____ Web Page _____

Please direct my mail to (if different than company/branch office above) _____

Membership Use

Database _____

Newsletter _____

Chart _____

Directory _____

NOTE: If you're a registered Home Inspector, please include a copy of your license.

I understand that by providing my email address(es), telephone number(s) and fax number(s), I consent to receive communications sent from RANW and RANW-MLS via email, telephone or facsimile at those number(s) / location(s). **yes** **no**

If no, please identify how RANW may communicate with you. _____

2. Name _____ Company Name _____

Company/Branch Address _____

City _____ St _____ Zip _____

Home (optional) _____ City _____ St _____ Zip _____

County _____

Home/Personal Phone _____ Cell or Pager _____

Office/Business Phone _____ Ext _____ Fax Number _____

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3. Name _____ Company Name _____

Company/Branch Address _____

City _____ St _____ Zip _____

Home (optional) _____ City _____ St _____ Zip _____

County _____

Home/Personal Phone _____ Cell or Pager _____

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