



* By signing this document electronically, I understand and agree that my electronic signature is legally binding and is the legal equivalent to a traditional paper and ink signature. I further swear that I am in fact the undersigned individual.

Additional Affiliate Rep(s) 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 _____
Cardholder's Billing Address _____

1. Name _____ Company Name _____
 Company/Branch Address _____ City/St/Zip _____
 Home Address (required) _____ City/St/Zip _____
 Preferred Phone _____ Cell Phone _____
 Office/Business Phone _____ Fax _____
 Email _____ Webpage _____

Office Use Only	
Database	_____
Newsletter	_____
Chart	_____

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

RANW Membership Portal Password _____ Password must be at least 8 characters & use 3 of the 4 criteria: (upper case letter, lower case letter, numbers and/or symbols)

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 Address (required) _____ City/St/Zip _____
 Preferred Phone _____ Cell Phone _____
 Office/Business Phone _____ Fax _____
 Email _____ Webpage _____

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