



\* 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 Registration (June-Sept)

**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 **\$20.00** per rep. All additional Representatives agreed to abide by the regulations as specified for the Designated Affiliate. (Rep fees are non-transferable)

### For Office Use

Date Received \_\_\_\_\_

Amt \$ \_\_\_\_\_

Check # \_\_\_\_\_

Name on Check \_\_\_\_\_

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

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

3. 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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If no, please identify how RANW may communicate with you. \_\_\_\_\_