



AFFILIATE MEMBERSHIP INFORMATION

365 Eddy Street, Suite 1, Providence, RI 02903

Phone: (401) 274-8386 Fax: (888) 909-6406 Email: info@ricabor.realtor Web: www.ricabor.realtor

Thank you for your interest in joining the Rhode Island Commercial and Appraisal Board of REALTORS®. Affiliate membership is available to businesses & individuals whose products or services are utilized by our 200 members and their clients. Affiliate membership provides you with a referral network of potential business clients & industry-wide Association. The membership may be one-part (membership in the Rhode Island Commercial and Appraisal Board of REALTORS® only) or two-part (membership in the Rhode Island Commercial and Appraisal Board of REALTORS® & the RI Association of REALTORS®). Please see below for more details on the benefits of joining.*

When you join the RICABOR as an Affiliate Member, you get exceptional networking opportunities, educational programs and the opportunity to assist in advocacy for the Commercial Real Estate Practitioner and the Real Estate Evaluation Professional.

Accessibility & Professional Development

Affiliate members are invited to Board events & meetings year-round, which provide networking opportunities.

A Responsive, Knowledgeable Staff

The staff of the Rhode Island Commercial and Appraisal Board of REALTORS® can direct you to the resources you need. You will get prompt responses to questions and thorough follow-through on requests from experienced professionals with a wealth of knowledge.

Sponsorship Opportunities

Affiliate members have the first opportunities to be sponsors of events, programs, and our electronic communication to our members.

Committee Involvement

Affiliate members are invited to volunteer on select Board committees.

Public Relations

The Rhode Island Commercial and Appraisal Board of REALTORS® staff works to promote the real estate and appraisal community industry in the media and the community.

Visibility

You are a committed partner with valuable services to offer the related community. RICABOR members are able to view your Affiliate Information on our Member Directory, which is available on our website as a resource to them and other visitors to our site. Additionally, affiliate member rosters are distributed to our brokerage and appraisal members quarterly.

***Two-part membership includes a membership in the RI Association of REALTORS® with the following additional benefits:** Discounted educational opportunities, special advertising rates on RILiving.com, RIRealtor.org, premium placement on RIRealtor.org (used by approximately 95% of RI real estate professionals plus licensees from neighboring states), co-op advertising opportunities, subscription to REALTOR® Digest monthly e-newsletter, subscription to Real News, networking opportunities and events, access to the statewide online REALTOR® membership directory on www.rirealtors.org.



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APPLICATION FOR AFFILIATE MEMBERSHIP*

(NOT FOR INDIVIDUALS WHO HOLD A REAL ESTATE OR APPRAISAL LICENSE)

Please return the application with your dues payment. Please contact us at (401) 274-8386 or email us at info@ricabor.realtor for the dues, as they are prorated each month.

I HEREBY APPLY FOR [] One-Part AFFILIATE OR [] Two-Part AFFILIATE membership in the above-named Board, enclosing my check in the amount of \$_____, which is to be returned to me in the event of non-election. In the event of my election, I agree to abide by the Constitution, Bylaws, and Rules and Regulations of the above Board, the State Association, and the National Association. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. By applying for membership, I give the REALTOR® Association (local, state and national) permission to mail, telephone, e-mail, and/or fax me about association activities, products and services. I hereby submit the following information for your consideration. (Please print clearly.)

Applicant's Name: _____ Name of Office: _____

Office Address: _____ Office Phone: _____ Office Fax: _____
(Street)

Your email address: _____
(City) (State) (Zip)

Your position with this office: _____ Website Address: _____

Cell Telephone #: _____ Home Telephone #: _____ Phone preference: [] Office [] Home [] Cell

Residence Address: _____
(Street) (City) (State) (Zip)

Mail preference: [] Other [] Office [] Home Other address is: _____

Date of Birth: _____ Field of Expertise & Number of Years in Business: _____

Do you speak a second language? [] Yes [] No If "Yes", what language(s) do you speak? _____

If you are or have ever been a member of a REALTOR® Association, provide your NRDS Membership ID # _____ and the name of the Association(s) and time period for which membership was held _____

Have you ever been refused membership in any other REALTOR® Association? [] Yes [] No If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Have you ever had membership in any other REALTOR® Association suspended, expelled or terminated? [] Yes [] No If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Do you hold a real estate license in this state or any other state? [] Yes [] No If yes, where: _____

Are you actively engaged in the Real Estate business? [] Yes [] No

Do you hold yourself out to the general public as being actively engaged in the Real Estate business? [] Yes [] No

Optional: How did you hear about us? [] Your office [] Our staff [] Website [] Other _____

Do you hold a college degree? [] Yes [] No If yes, Degree _____

* Application fees are not prorated and all dues/fees are not refundable. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. By signing below, I give the REALTOR® Association (Local, State and National) permission to mail, telephone, email, mail, text and/or fax me about association activities, products and services. I also certify that I have downloaded and will subscribe to the REALTOR® Code of Ethics and the Bylaws, Constitution and Rules and Regulations of the Rhode Island Commercial & Appraisal Board, the RI Association of REALTORS® and the National Association of REALTORS®, available on the Board's website at www.ricabor.realtor. (Please contact the Board office at 401-274-8386 if you would like copies mailed to you.) I understand that my membership dues are an annual obligation and that my membership expires December 31st. I understand that my renewal invoice is paperless and will be available online on the member portal on www.ricabor.realtor in October of each year.

Signed: _____ (Applicant) _____ (Date) (11/2017)

For RICABOR use only: NRDS ID: _____ Office ID: _____ Start Date: _____ Payment: _____



Authorization to charge my membership dues

I authorize the Rhode Island Commercial and Appraisal Board of REALTORS® to charge my dues with a credit card as indicated below.

(Please print clearly.)

PAYMENT BY CREDIT CARD

Date: _____

Name on credit card: _____ Amount to be charged: _____

Credit card (please select one): Mastercard Visa Discover American Express

Is your credit card a (please select one): Personal credit card or Corporate credit card

Card number: _____ Exp. Date: _____ CSV Code: _____

For verification purposes please provide the address where you receive the monthly statement on the credit card:

Email Address where we may send the receipt: _____

Please provide a contact phone number: _____

Signature: _____

**Please note: A payment receipt and verification regarding the processing of your membership application will be emailed to you in approximately 2-3 business days. Your payment will appear on your statement as "REALTOR® Association/MLS." This is a one-time charge. Your information is secure and will be destroyed following the successful one-time charge. The Board does not retain credit card number on file.*

Thank you for selecting the Rhode Island Commercial and Appraisal Board of REALTORS® as your Board of Choice. This form and your membership application may be faxed to (888) 909-6406. Or you can mail to: RICABOR, 365 Eddy Street, Suite # 1, Providence, RI 02903

RICABOR leads, supports, and inspires excellence in its members through education, advocacy and business development.

AUTHORIZATION TO CHARGE CONTINUED

If the credit card appearing on the previous form is not yours, the following written authorization must be received with your application:

I am not the member, but authorize the RICABOR to charge the above amount to my credit card:

Print Name Sign Name

Date Best Phone Number Email Address

_____ (last 4 digits of the credit card)

Circle one: Mastercard VISA Discover American Express

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