



2400 Post Road, Warwick, RI 02886

Phone: (401) 274-8386 | Email: info@ricabor.realtor | Web: www.ricabor.realtor

AFFILIATE MEMBERSHIP INFORMATION

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 a one-part (membership in the Rhode Island Commercial and Appraisal Board of REALTORS® only) or a 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:**

[Click here](#) for complete details on RIAR's Partner Program for affiliate members.



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APPLICATION FOR AFFILIATE MEMBERSHIP

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

Membership Type: One Part Affiliate Two Part Affiliate

Dues: One Part Affiliate dues are \$225 annually. Two Part Affiliate dues are \$421.50.

For prorated dues amount, [click here](#).

Applicant's Name: _____

Name of Office: _____

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

Office Phone: _____ Cell Phone: _____

Preferred phone preference: Office Cell phone

Email Address: _____ Website: _____

Position with office: _____

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

Mail preference: Office Home

Field of Expertise: _____ Number of Years in Business: _____

Do you speak a second language? Yes No

If "Yes", what language(s) do you speak? _____

Have you ever been a member of a REALTOR® Association? Yes No

If "Yes", complete the following:

NRDS Membership ID #: _____

Name of Association: _____

Membership period: _____

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 _____

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.

** 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.*

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)

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



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 (401)732-1807. Or you can mail to: RICABOR, 2400 Post Road, Warwick, RI 02886

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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