



# 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*).

<b>Payment Options:</b> 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 \_\_\_\_\_

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. \_\_\_\_\_

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 \_\_\_\_\_

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. \_\_\_\_\_