

REALTORS® Association of Northeast Wisconsin, Inc.

www.ranw.org

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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)

RANW and RANW-MLS via email, telephone or facsimile at those number (s) / location (s).

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

For Office Use Date Received
Amt \$ Check #
Name on Check

ayment Options: Cash, check payak ISA / MC: Card #	ole to: "RANW" or VISA or MasterCard Exp Date	in the amount of \$
ame On Card	Cardholder's Signature	Date
ardholder's Billing Address		
Name	Company Name	
	City/St/Zip_	
Home Address (required)	City/St/Zip	
Preferred Phone		Office Use Only
Office/Business Phone	Fax	Database
	Webpage	
NOTE: If you're a registered Home Ins	pector, please include a copy of your license.	Chart
	pership Portal Password Password must be at least 8 characters & use 3 of the 4 criterion (upper case letter, lower case letter, numbers and/or symbols)	
I understand that by providing my email address (RANW and RANW-MLS via email, telephone or fall no, please identify how RANW may communicate	(es), telephone number (s) and fax number (s), I consent t acsimile at those number (s) / location (s) yes _ _ tte with you	to receive communications sent from no
lame Company Name		
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ome Address (required) City/St/Zip		
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NOTE: If you're a registered Home Inspector, please include a copy of your license.		
RANW Membership Portal Password _	Password must be at lea (upper case letter, lower	ast 8 characters & use 3 of the 4 crite case letter, numbers and/or symbols
	es), telephone number (s) and fax number (s), I consent tacsimile at those number (s) / location (s). yes te with you.	
Name	Company Name	
Company/Branch Address City/St/Zip		
Home Address (required)	City/St/Zip	
Preferred Phone	Cell Phone	
Office/Business Phone		Newsletter
Email		
	pector, please include a copy of your license.	

____ yes ___ no