



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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3. Name Company Name
Company/Branch Address City/St/Zip
Home Address (required) City/St/Zip
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