



Office use only:

NRDS ID (if transfer) \_\_\_\_\_

Sub-class \_\_\_\_\_

Dues Owed \_\_\_\_\_

Intended start date \_\_\_\_\_

## APPLICATION FOR BUSINESS PARTNER MEMBERSHIP

I hereby apply for a Business Partner membership to the Newport County Board of REALTORS®.

### CONTACT INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First Name M.I. Last Name)

Title or position with the firm \_\_\_\_\_

Preferred e-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### CONTACT PREFERENCES

Phone  Office  Cell  Other

Fax  Office  Home

Mailing address  Office  Home  Other

### BOARD MEMBERSHIP TYPE

The annual membership dues for an NCBR Business Partner individual membership is \$225.

In addition, we also offer group Business Partner membership rates. The annual membership dues for NCBR Business Partner group membership is \$425 for up to four members from the same office or branch location. Additional memberships from the same office are \$100 per member.

(Check one)

- Individual**  **Group** (up to four individuals) Please name additional members

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Website \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Website \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Website \_\_\_\_\_

### OFFICE INFORMATION

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Unit/Suite \_\_\_\_\_

City, State Zip \_\_\_\_\_

Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

Office Mailing Address (if different from above)

Address \_\_\_\_\_ Unit/Suite \_\_\_\_\_

City, State Zip \_\_\_\_\_

**PRIMARY BUSINESS FIELD**

- Appraiser
- Architectural
- Attorney/Title
- Civil Engineering
- Cleaning & Restoration
- Financial Consultant
- Home, Mold, Pest, Septic Inspection
- Insurance
- Mortgage/Banking
- Other: \_\_\_\_\_

**Dues are not refundable**

**Board Dues (Prorated monthly)**

- |  |                    |            |
|--|--------------------|------------|
| <input type="checkbox"/> Individual Membership   | January - December | \$225      |
| <input type="checkbox"/> Group Membership (up to 4 persons)  | January - December | \$425      |
| <input type="checkbox"/> Additional Membership(s) (over 4)   | January - December | \$100 each |
| <input type="checkbox"/> Website Banner  |                    | \$50       |
| <input type="checkbox"/> RI REALTORS® Business Partner Membership<br>(separate application attached) | January - December | \$195      |

**PAYMENT METHOD**

- Check Enclosed (Payable to NCBR)
- Credit Card    Visa            MC            Amex            Discover            Amount \$ \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Card# \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing Zip Code \_\_\_\_\_

**In making application, I hereby irrevocably waive claim or right of action or any right or claim in equity that I might have at any time hereafter against the NEWPORT COUNTY BOARD OF REALTORS®, its Directors, Officers, committee members, and other officials either as a group or as individuals, for any act in connection with the business of the Board.**

**The above application has been read by me and I certify to the correctness thereof and approve. I understand that all dues/fees paid are not refundable.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date