



NORTHERN RHODE ISLAND
BOARD OF REALTORS®

Thank you for your interest in joining the Northern Rhode Island Board of REALTORS®.

This type of membership is NOT for REAL ESTATE or APPRAISAL LICENSEES.

*AFFILIATE membership is available to **individuals** whose business products or services are used by homeowners, REALTORS® or Appraisers. Financial institutions, title attorneys, insurers, publishers & mortgage companies all hold an **Affiliate** membership & have found it allows for a business advantage. Affiliate membership provides you with a referral network of potential business clients within an industry-specific association.*

Affiliate membership may be one-part (membership in the Northern Rhode Island Board only) or two-part (membership in the Northern Rhode Island Board and the RI Association of REALTORS®.)*

Please see below for more details on the benefits of joining.

Accessibility & Professional Development

Affiliate members are invited to Board events & meetings year-round, which provide networking opportunities with 500 REALTORS® and are eligible to register for educational programs.

A Responsive, Knowledgeable Staff

The staff of the Northern Rhode Island Board of REALTORS® can direct you to the resources you need. You will get prompt responses to questions & 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 premiere REALTOR® events, programs, & our electronic notices. Sponsorship allows for greater exposure of your products and services.

Committee Involvement

Affiliate members are invited to volunteer on several Board committees.

Public Relations

The Northern Rhode Island Board of REALTORS'® staff works to promote the real estate industry in the media and the community.

Visibility

You are a committed real estate professional with valuable services to offer the community. Our members are able to view your information on the Board's Affiliate Member Directory, which is available on our website as a resource to them and other visitors to our site.

*** Two-part membership includes a membership in the RI Association of REALTORS® with the following additional benefits:** Discounted educational opportunities, special advertising rates on RILiving.com, RIRealtor.org, premium placement on RIRealtor.org (used by approximately 95% of RI real estate professionals plus licensees from neighboring states), co-op advertising opportunities, subscription to REALTOR® Digest monthly e-newsletter, subscription to Real News, networking opportunities and events, access to the statewide online REALTOR® membership directory on www.rirealtors.org.



NORTHERN RHODE ISLAND
BOARD OF REALTORS®

2178 Mendon Rd, Suite 400, Cumberland, RI 02864

Phone: (401) 333-6343 | Fax: (866) 609-6746

Email: nribr@nribr.realtor Web: www.nribr.realtor

For NRIBR Use Only
NRDS ID: _____
Office ID: _____
Start date: _____
Payment: _____

APPLICATION FOR AFFILIATE MEMBERSHIP ONLY
NO REAL ESTATE OR APPRAISAL LICENSE

I _____ hereby apply for One-Part Affiliate OR Two-Part Affiliate membership in the above named Board, enclosing payment 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.

I hereby submit the following information for your consideration. (Please print clearly.)

Applicant's Name: _____

Name of Firm/Office: _____ Office Phone: _____

Firm/Office Street Address: _____ Office Fax: _____

P.O. Box (if applicable) _____ City: _____ State: _____ Zip: _____

Title/ Position with firm: _____ Field of Expertise & Number of Years in Business: _____

Email Address: _____ Website address: _____

PERSONAL/HOME INFORMATION:

Street Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Preferred Mailing Address: Home Office Other Preferred Phone: Home Office Cell

Do you speak a second language? Yes No If "Yes", what language(s) do you speak? _____

How did you hear about us? Your office Our Staff Website Other: _____

Do you hold a college degree?: Yes No If yes, Degree: _____

If you are or have ever been a member of a REALTOR® Association, provide your NRDS Membership ID # _____ and the name of the Association(s) and time period for which membership was held _____

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 of any other state? Yes No If yes, what state: _____

*Dues are prorated monthly. Please contact the Board office to verify your balance due. All dues/fees are not refundable and are not tax deductible as charitable contributions. Portions of your payment may be deductible as ordinary and necessary business expenses. 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, fax and/or text 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 Northern Rhode Island Board, the RI Association of REALTORS® and the National Association of REALTORS®, available on the Board's website at www.nribr.realtor. (Please contact the Board office at 401-333-6343 if you would like copies mailed to you.)

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.nribr.realtor in September of each year.

Date: _____

Applicant's Signature: _____

(9-2017)



NORTHERN RHODE ISLAND
BOARD OF REALTORS®

Authorization to charge my membership dues

I authorize the Northern Rhode Island Board of REALTORS® to charge my dues with a credit card or deduct the amount owed from my checking account as indicated below.
(Please print clearly.)

PAYMENT BY CREDIT CARD

Date: _____

Name on credit card: _____ Amount to be charged: _____

Credit card: Mastercard Visa

Is your credit card a: Personal credit card 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 numbers on file.*

Thank you for choosing the Northern Rhode Island Board of REALTORS® as your Board of Choice.

**This form and your membership application may be faxed to (866) 609-6746 or mailed to:
NRIBR, 2178 Mendon Rd, Suite 400, Cumberland, RI 02864**

Our mission is to provide our members with tools and resources to support their success.

AUTHORIZATION TO CHARGE CONTINUED

If the credit card appearing on the previous form is not yours, the following written authorization must accompany application:

I am not the member, but authorize the NRIBR 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

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