



LOCAL
ACCURATE
TRUSTED

Affiliate Application

Applicant Name:			Nickname:		
*Company Information					
*Company:					
Office address:					
City:		State:		ZIP Code:	
Phone:		Fax:			
*Applicant Information					
*Date of birth:		Password:		NRDS#:	
*Current address:					
*City:		*State:		*ZIP Code:	
*Email Address:					
Website Address:					
Cell Phone:					
NOTE: All annual billings are delivered electronically to your email address on file.					
Method of Payment – ALL DUES AND FEES ARE NON-REFUNDABLE					
Primary Affiliate \$175 Per Year (Quarterly Pro-Rated Fees)					
No Additional Fee: Members of your office can be added to your account by submitting an application					
<input type="checkbox"/> Personal Check ~ Check Number: _____ <input type="checkbox"/> Corporate Check ~ Check Number: _____					
<input type="checkbox"/> Credit Card - <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX					
Total Amount to be charged to your credit card:				\$ _____	
Credit Card Number: - - -				Exp: _____	
				Security Code: _____	
Name Of Card Holder: _____					
Signature of Card Holder: _____					
Billing Address for Credit Card :					