



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 : | | | | | |