



LOCAL  
ACCURATE  
TRUSTED

**Affiliate Application**

Applicant Name:		Nickname:
<b>*Company Information</b>		
*Company:		
Office address:		
City:	State:	ZIP Code:
Phone:	Fax:	
<b>*Applicant Information</b>		
*Date of birth:		NRDS#:
*Current address:		
*City:	*State:	*ZIP Code:
*Email Address:		
Website Address:		
Cell Phone:		
<b>NOTE: All annual billings are delivered electronically to your email address on file.</b>		
Method of Payment – ALL DUES AND FEES ARE NON-REFUNDABLE		
<b>Primary Affiliate \$175 Per Year (Quarterly Pro-Rated Fees)</b>		
<b>Members of your office can be added to your account by submitting an application and a \$25 Fee</b>		
<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 :		