



New Affiliate Member Application 2018

REALTOR® Association of
Southwestern Illinois
1124 Hartman Lane, Suite 120
Shiloh, IL 62221
Phone: (618) 277-1980
Fax: (618) 235-6793

Thank you for your interest in membership with the REALTOR® Association of Southwestern Illinois! Below is an application for membership. If you have any questions, please do not hesitate to contact the Association office at 618.277.1980.

I hereby submit the following information for your consideration: (PLEASE PRINT) **All information is required**

Type of Affiliate Membership you are applying for:

Individual Affiliate Membership - \$125 per year

This membership type is for one individual in the company to be an Affiliate member and participate in membership activities.

Company Affiliate Membership - \$200 per year

This membership type allows any number of individuals within the company to be listed as members and participate in membership activities.

Are you also applying for membership to the state association, Illinois REALTORS® (\$35 per year)? YES NO

Do you, or have you ever, belonged to another REALTOR® Association? YES NO

If YES, what is your NRDS #?: _____

Business Information

Company: _____

Phone: _____ Website: _____

Address: _____

Primary Representative or Voting Member

This person is able to vote during annual Affiliate Director Election.

If applying for company membership, please list additional representatives on second page.

Name: _____ Phone: _____

E-mail: _____

Please list any that apply

Appraiser License/Certification Number: _____

Home Inspector License Number: _____

Pest Control License Number: _____

I hereby submit the appropriate membership fees (as follows) and apply for membership in the REALTOR® Association of Southwestern Illinois.

Membership Costs

Required:

- \$100 - Application Fee (one-time, required)
- \$200 - Company RASI Affiliate Annual Dues
- or
- \$125 - Individual RASI Affiliate Annual Dues

Optional:

- \$35 - Illinois REALTORS® State Dues (prorated)
- \$125 - Supra Activation & \$50 - Supra service (prorated, quarterly)*

Total: \$ _____
Payments options on back

*Supra Keys are leased only to licensed members. Every REALTOR®, non-principal broker, licensed or certified appraiser, licensed home inspector and licensed pest control expert affiliated with an Association of REALTORS®, shall be eligible to hold a key subject to their execution of a lease agreement with RASI.

Additional Representatives (if more than six, please list on separate sheet):

1. Name: _____	4. Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
2. Name: _____	5. Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
3. Name: _____	6. Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

If selecting more than one field of business, please indicate which is Primary and which is Secondary:

- | | |
|---|---|
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Mold Mitigation |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Mortgage Banking/Lending |
| <input type="checkbox"/> Building/Development | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Home Inspection | <input type="checkbox"/> Termite Inspection |
| <input type="checkbox"/> Home Repair/Supplies | <input type="checkbox"/> Title Insurance |
| <input type="checkbox"/> Home Warranty | If Other, please specify: _____ |
| <input type="checkbox"/> Marketing Services | _____ |

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications, which I am waiving, to receive all communications as part of my membership. Promotional Disclaimer: By attending REALTOR® Association of Southwestern Illinois (RASI) events, I understand that still or motion pictures may be taken of me while attending the RASI event and give permission for images to be used to promote RASI events. Such images will remain the property of RASI.

Signature: _____ Date: _____

Application will be processed when membership fees are paid in full by applicant. RASI accepts the following methods of payment: check, money order, Visa, MasterCard, American Express, Discover and cash.

Circle Card Type: Visa MasterCard American Express Discover

Card Number: _____ Exp: _____ CVV: _____

Cardholder Signature: _____ Date: _____

- Please save my card on file.
- Please automatically charge my card each quarter for my Supra Service (\$50 billed March, June, September, and December)