

**APPLICATION FOR AFFILIATE MEMBERSHIP* -
NO REAL ESTATE OR APPRAISAL LICENSE**

For GPBOR Use Only

Please contact us at (401) 274-8383 or email us at info@gprealtors.org for the dues, as they are prorated each month. Please return the application with your dues payment.

NRDS
ID: _____
Office ID: _____
Start date: _____
Payment: _____



**GREATER PROVIDENCE
BOARD OF REALTORS®**
ETHICS • PROFESSIONALISM • INTEGRITY

I HEREBY APPLY FOR **One-Part Affiliate** or **Two-Part Affiliate membership** in the above named Board, enclosing my check 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. By applying for membership, I give the REALTOR® Association (local, state and national) permission to mail, telephone, e-mail, text and/or fax me about association activities, products and services.

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

Applicant's Name: _____ Name of Office: _____

Office Address: _____ Office Phone: _____ Office Fax: _____
(Street)

Your email address: _____
(City) (State) (Zip)

Your position with this office: _____ Website Address: _____

Cell Telephone #: _____ Home Telephone #: _____ Phone preference: Office Home Cell

Residence Address: _____
(Street) (City) (State) (Zip)

Mail preference: Other Office Home Other address is: _____

Date of Birth: _____ Field of Expertise & Number of Years in Business: _____

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

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 or any other state? Yes No If yes, where: _____

Optional: How did you hear about us? your office our staff website other _____ Do you hold a college degree? Yes No If yes, Degree _____

*Application fees are not prorated and all dues/fees are not refundable. 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, text and/or fax 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 Greater Providence Board, the RI Association of REALTORS® and the National Association of REALTORS®, available on the Board's website at www.gpbior.realtor.

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.gpbior.realtor in September of each year.

Signed (Applicant): _____

(Date) _____



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Authorization to charge my Affiliate Membership Dues/Fees

I authorize the Greater Providence Board of REALTORS® to charge my dues/fees with a credit card as indicated below.

(Please print clearly.)

PAYMENT BY CREDIT CARD

Date: _____

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

Credit card (please select one): Mastercard Visa Discover American Express

Is your credit card a Personal credit card or a 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 you a 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 number on file.*

***Thank you for selecting the Greater Providence Board of REALTORS® as your Board of Choice.
This form and your membership application may be faxed to (888) 909-6406 or mailed to:
GPBOR, 12 Breakneck Hill Road, Suite 100, Lincoln, RI 02865.***

GPBOR - successfully implementing tools & innovative technologies helping to cultivate leaders in their real estate communities