



Affiliate Invoice for Partnership Program

\square Platinum Partner \square Gold Partner	\$3,000 \$2,000	New Member Orientation
☐ Silver Partner	\$1000	Education Courses
☐ Bronze Partner	\$300	Social Events
Company Name:		
Address:		
Business Phone #:		Fax #:
Primary Contact Name & Title	:	
Email Address:		
Secondary Contact Name & T	itle:	
Email Address:		
Website Address:		
Type of Business:		
In what phase of the real estat	te industry d	o you specialize:
Is your office a member of any	y other Real I	Estate Association?YesNo
If yes, please state the name of	of each other	such organization:
	e informatio	ded is true and correct, and I agree that failure to n, as requested or any misstatement of fact, shall ship.
Signed:		Date:
Date Received:	Payment Amou	int: Payment Method: