



New Affiliate Office Application

New Affiliate Office Application Fee: \$250

Office Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Website: _____

Office Email: _____

Recommended for Membership by: _____

_____ A payment in the amount of \$250 representing a new office fee accompanies this application

Signed : _____ Date: _____

Method of payment: Cash / Check / Credit Card

Check #: _____

Type of Credit Card: _____ Expiration Date: _____

Credit Card #: _____