



New Affiliate Office Application

\$50 One-Time Fee

Office Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____

Office Email: _____

Website: _____

Recommended for Membership By: _____

_____ A payment in the amount of \$50 representing a new office fee accompanies this application.

Method of Payment: (please select one) _____ Cash _____ Check _____ Credit Card

_____ Check # (Payable To RAA)

Credit Card #: _____

_____ VISA _____ MasterCard _____ Amex _____ Discover

Exp Date: _____ CCV: _____

Signed: _____ Date: _____