



## 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: \_\_\_\_\_