

**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](mailto: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](http://www.gpbior.realtor).

**I understand that my membership dues are an annual obligation and that my membership expires December 31<sup>st</sup>. I understand that my renewal invoice is paperless and will be available online on the member portal on [www.gpbior.realtor](http://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,  
2178 Mendon Rd., Ste 400, Cumberland, RI 02864**

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