



Real Estate & Investment Services

Please return to: 7347 Hanover Pkwy, Suite D
Greenbelt, MD 20770-3620

Business Member Application

Applicant's Name: _____	Business Phone: (____) _____
Business Name: _____	Business Fax: (____) _____
Business Address: _____	Cell Phone: (____) _____
City: _____ State: _____ Zip: _____	Chapter: _____
Email Address: _____	Business Category: _____
	Invited By: _____

PAYMENT IS DUE AT TIME OF APPLICATION AND WILL BE PROCESSED UPON ACCEPTANCE
In addition to the annual dues, there may be a weekly meeting fee due to your specific Chapter of REIS.

Annual Membership Fee:	\$450.00
Method of Payment:	
<input type="checkbox"/> Company Check	<input type="checkbox"/> Personal Check
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name on Card: _____	
Billing Address: _____	
Card Number: _____	
Expiration Date: _____	CCV #: _____

BILLING PROCESS
If paying by check, please pay the full amount of the annual membership fee.
When paying by credit card, \$112.50 will be charged to your card at the time of application and on the first day of each quarter until membership is terminated.

APPLICATION QUESTIONS:

- Please briefly describe your business: _____
- Please describe your educational background as it applies to your profession or any applicable degrees, licenses, or credentials: _____
- Is there an individual in your company who can attend REIS meetings when you are unavailable? Yes No
- How long have you been in the profession you will be representing at REIS? _____
- Would you be willing to serve in a leadership position within the REIS chapter? Yes No

I HEREBY CERTIFY AS FOLLOWS:

- I possess all necessary licenses and/or insurance for the type of work I perform.
- I work full-time in the business category selected
- I will attend all regularly scheduled meetings or supply an alternate.
- I agree to conduct myself in a professional and ethical manner at all times.
- I will support my REIS chapter and its members by passing qualified referrals, inviting guests and sponsoring new members.

I understand that failure to perform any of these requirements may be grounds for termination of my membership in the Chapter. If paying by credit card, I authorize the charges specified in this application until I my membership is terminated.

Signature

Date

Upon completion, print and mail the form to the address at the top or deliver to the facilitator at your next chapter meeting.