



**REALTORS<sup>®</sup>**  
*Association of*  
**Maui, Inc.**

441 Ala Makani Place  
 Kahului, Maui, HI 96732-3507

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## RAM AFFILIATE MEMBER APPLICATION

*(for New or Reactivating Affiliate Offices and Affiliate Members)*

### 1. COMPLETE THIS SECTION:

**Name of Affiliate Office** \_\_\_\_\_ **Date** \_\_\_\_\_

Type of business (check one):

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Accounting Services     | <input type="checkbox"/> Architect               | <input type="checkbox"/> Attorneys/Legal Svcs. | <input type="checkbox"/> Cleaning Services              | <input type="checkbox"/> Computer Service     |
| <input type="checkbox"/> Contractors             | <input type="checkbox"/> Developers              | <input type="checkbox"/> 1031 Exchange         | <input type="checkbox"/> Financial Services             | <input type="checkbox"/> Handy Man            |
| <input type="checkbox"/> Hawaii News/Advertising | <input type="checkbox"/> Home Inspection Service | <input type="checkbox"/> Home Staging          | <input type="checkbox"/> Insurance Company              | <input type="checkbox"/> Interior Decorating  |
| <input type="checkbox"/> Landscape               | <input type="checkbox"/> Land Surveyor           | <input type="checkbox"/> Lenders/Mortgage Co   | <input type="checkbox"/> Manufactured Housing Wholesale | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Real Estate Magazines   | <input type="checkbox"/> Real Estate School      | <input type="checkbox"/> Specialty Items       | <input type="checkbox"/> Solar                          | <input type="checkbox"/> Title & Escrow Svcs. |
| <input type="checkbox"/> Termite/Pest Control    | <input type="checkbox"/> Vacation Rentals        | <input type="checkbox"/> Video Production      | <input type="checkbox"/> Virtual Tours                  |   |

**Mailing address** \_\_\_\_\_

**Street address** \_\_\_\_\_

**Office Phone #** \_\_\_\_\_ **Office Fax #** \_\_\_\_\_

**Cell #** \_\_\_\_\_  *Okay to Publish*  *Do not publish*

**Person Representing Affiliate Office** (your name) \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_ **Web** \_\_\_\_\_

**Email Address** (must provide) \_\_\_\_\_

There are several options available for companies wanting to join the REALTORS<sup>®</sup> Association of Maui ("RAM") as an Affiliate member. If your company has more than one office as a member, the first office that joins will be considered the primary office. Additional offices/branches that join after the primary office, and additional members working for a company that has already joined, are given reduced membership rates.

As an Affiliate member of the REALTORS<sup>®</sup> Association of Maui, you will be listed on RAM's website (www.RAMaui.com) and your company will be posted in our Member and Office Rosters. You will be able to attend the monthly Regional meetings/Caravans (check the RAM calendar for location and time). You will be recognized, along with other Affiliate members, as a supporter of RAM. Your membership also entitles you and members of your office to member prices for RAM seminars. Off-market statistics are available on RAM's website, and in hard copy, upon request.

### 2. INDICATE THE TYPE OF MEMBERSHIP PREFERRED:

RAM (annual dues are prorated quarterly):  Oct-Dec  Jan-Mar  Apr-June  July-Sept

<input type="checkbox"/> Primary Office:	\$125.00	\$100.00	\$75.00	\$50.00
<input type="checkbox"/> Additional Member/ Branch Office:	75.00	60.00	45.00	30.00

### 3. INDICATE TYPE OF PAYMENT

Amount paid \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash  AmerEx  Master  VISA

**FAX CHARGES TO (808) 871-8911: CREDIT CARD #** \_\_\_\_\_

**Name as it appears on credit card** \_\_\_\_\_ **Exp. date** \_\_\_\_\_

### 4. RETURN FORM & PAYMENT TO RAM

*Please contact your Affiliates Liaison Committee Chairperson if you would like information presented on your behalf at one of our Board of Directors' Meetings. If you have any questions, call RAM at 873-8585.*

<b>RAM USE ONLY:</b>	<input type="checkbox"/> RAM	<input type="checkbox"/> RAM	ASSIGN OFFICE ID#:
Entered in MMSI: _____	Mail Membership Card: _____	Payment Collected: _____	Processed Credit Card: _____
<small>date</small>	<small>date</small>	<small>date</small>	<small>date</small>