

NRAI Renewal Dues

Please submit this form with payment to:

**NRAI
2001 Cooper Foster Park Road
Amherst, Ohio 44001**

Name: _____ **NRAI Membership Number:** _____

___ Check enclosed for annual dues payment of \$70.00 (my cancelled check will be my receipt)

___ Charge to my VISA / MasterCard (Please circle one) for annual dues payment of \$70.00
(Receipt will be mailed to me)

Charge Card Number: _____ **Exp. Date:** _____

Card Holders Signature as it appears on card: _____

**Please Print or Type to Update the Following Information
ONLY COMPLETE IF YOUR INFORMATION HAS CHANGED**

Real Estate File Number: _____ **OR License Number:** _____

List the counties you are currently doing business in (Limit 4 Please)

1.) _____ 2.) _____ 3.) _____

Residence Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Associated With: _____ **Fax:** _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Website:** _____

If you prefer not to be listed in our Internet member directory, please check here: _____

**** NOTE ****

IF YOUR STATE DOES NOT REQUIRE CONTINUING EDUCATION, PLEASE FILL IN THE LINES BELOW:

State(s) Licensed In: _____

License Number(s): _____ **Date Issued:** _____