



MISSION STATEMENT

The purpose of the Independent Broker's Association is to unite service-minded independent Real Estate Brokers in Washington State so as to collectively provide a higher quality, more efficient and effective service to their clients and customers.

Members will achieve this goal by combining their talents through joint efforts in education, marketing, advertising, hiring and retention of quality agents, referrals, and through the ideas, advice, and counsel generated by creative thinking and brainstorming.

Members will compete favorably in the real estate industry by volunteering their time and resources to provide better training, more effective advertising, better management, and generally a higher quality service without the expense of franchise fees, or other hidden costs for services that provide little or no benefits to members or their agents.

The IBA is a non-profit organization.



APPLICATION FOR MEMBERSHIP

On behalf of my real estate company, _____ ,
I/We hereby apply for membership in the Independent Broker's Association.
Attached is my completed Automatic Credit Card Billing Authorization Form.
Dues start the month following approval. I am fully aware that membership in the
IBA is by sponsored invitation only and is subject to election by the IBA's Board
of Directors. In the event of non-election, my Automatic Credit Card Billing
Authorization Form will be voided. In the event of my election, I agree to abide by
the by-laws, rules, and regulations of the IBA and to be an active participant in
helping to strengthen the organization and each of its members. I am aware that
membership dues are payable on the first of each month. Membership may be
canceled by either the member or IBA by written notice with no refund of monies
paid or owing.

Applicant's Name (please print) _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Number of Offices _____ Number of Licensees _____

Number of Full-Time Associate Brokers: _____

Number of Full Time Sales Persons _____

Areas of Specialization (by percent):

Residential _____ Commercial _____ Property Management _____

Please list Real Estate Affiliations or Designations:

Signature: _____ Date: _____

Please return application to:

40 Lake Bellevue Drive, Suite 100, Bellevue, WA 98005-2479

Phone: (425)502-6610 Fax: (425)502-6633 Web: www.nwiba.com Email: info@nwiba.com



MEMBERSHIP MONTHLY DUES SCHEDULE

*Approved by the IBA Board of Directors March 15th, 2002
Effective April 2002*

1 to 10 Licensees	\$ 50.00
11 to 25 Licensees	\$ 75.00
Over 25 Licensees	\$100.00

*Membership is by invitation only.
Applicants must be approved by the Board of Directors.
Dues start the month following approval.
The Independent Broker's Association is a non-profit organization.
There is no initiation fee.*



Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing. *Dues start the month following approval.*

CUSTOMER INFORMATION

Customer name: _____

Customer phone: _____

PAYMENT INFORMATION

I authorize the Independent Broker's Association (NWIBA) to automatically bill the card listed below on a monthly basis as specified:

CIRCLE APPROPRIATE MONTHLY RATE BASED ON NUMBER OF LICENSEES IN YOUR OFFICE

1 to 10 - \$50.00

11 to 25 - \$75.00

Over 25 - \$100.00

Start billing on: _____ (month) _____ (year)

End billing when: Customer provides written notification

CREDIT CARD INFORMATION

The Independent Broker's Association (NWIBA) accepts Visa, MasterCard & Discover only.

Credit Card: VISA MASTERCARD DISCOVER

Credit Card # _____

CVV Code _____ Exp. Date ____/____

Name as it appears on credit card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize the NWIBA to charge my credit card at the rate listed above.

Signature: _____ Date: _____

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