

## **RCAOC's 2017 Paid Institute Affiliates** **Benefit Package**

### ***“TOOLS for SUCCESS” Monthly Education Seminars***

This Institute Affiliate Benefit Package is available to RCAOC's 2017 paid Institute Affiliate members who hold professional designation(s) awarded by an Institute, Society or Council affiliated with the National Association of Realtors® (those who chose not to pay Realtor dues).

Package includes entrance to the 12 “Tools for Success” 2017 Seminars education seminars

**Seminar Location:** Apartment Association of Orange County  
525 N. Cabrillo Park Drive #125  
Santa Ana CA 92705

**Time:** 2:30 to 5:00 pm (doors open at 2:30)

For additional information about Realtors® Commercial Alliance of Orange County, (RCAOC) please visit our website at: [RCAOC.org](http://RCAOC.org)

RCAOC Institute Affiliate Member of NAR holding the following commercial designation(s)

CCIM  CRE  ALCS  SIOR  CPM

Name: \_\_\_\_\_  
First Name Last Name

NRDS ID # \_\_\_\_\_ Cell/Home Number: \_\_\_\_\_ Birth Date (M/D/Y): \_\_\_/\_\_\_/\_\_\_

E-Mail Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Type of Business \_\_\_\_\_ Work Number: \_\_\_\_\_

Website: \_\_\_\_\_

### **TERMS AND CONDITIONS OF MEMBERSHIP**

- Bylaws, policies and rules.** I agree to abide by the Bylaws, policies and rules of the REALTORS® Commercial Alliance of Orange County, the Bylaws, policies and rules of the California Association of REALTORS®, and the constitution, Bylaws, policies and rules of the National Association of REALTORS®, as applicable, all from time to time be amended. RCAOC rcaoc.org

2. **Authorization to release and use information; waiver.** I authorize RCAOC Board or its representatives to verify any information provided by me in this form by any method including contacting the California Department of Real Estate, my current or past responsible broker or designated REALTOR®, or any Board/Association where I held, or continue to hold, any type of membership. I further authorize any Board/Association where I held, continue to hold, any type of membership to release all my membership or disciplinary records to this Board/Association, including information regarding (i) all final findings of Code of Ethics violations or other membership duties within the past three (3) years; (ii) pending ethics complaints (or hearings); (iii) unsatisfied discipline pending; (iv) pending arbitration requests (or hearings); and (v) unpaid arbitration awards or unpaid financial obligations.  
I waive any legal claim or cause of action against the Board/Association, its agents, employees or members including, but not limited to, slander, libel or defamation of character, that may arise from any action taken to verify, evaluate or process this form or other use of the information authorized and released hereunder.
  
3. By signing below, I expressly authorize the RCAOC Board/Association, including the local, state and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. mail, email, telephones and addresses above, material advertising the availability of or quality of any property, goods or services offered, endorsed or promoted by the RCAOC Board/Association.

**2017 BENEFIT PACKAGE PAYMENT INSTRUCTIONS**

**Payment includes entrance to the 12 monthly 2017 “Tools for Success” education seminars**

**Seminar Location:** Apartment Association of Orange County  
 525 N. Cabrillo Park Drive #125  
 Santa Ana CA 92705

**Time:** 2:30 to 5:00 pm (doors open at 2:30)

2017 INSTITUTE AFFILIATE BENEFIT PACKAGE..... **\$72.00 Total**  
**Monthly “Tools for Success” seminars are \$25.00 each**

**Payment Information:**

1. 2017 Institute Affiliate membership must be paid before package can be processed
2. Complete Benefit form in full – keep a copy for your records
3. Pay by check (preferred) or by credit card
4. You may bring payment and completed application to one of the monthly seminars
5. Make check to **Realtor’s Commercial Alliance of Orange County** or **RCAOC**  
 Check # \_\_\_\_\_ If check is in a company name provide company name \_\_\_\_\_  
 Mail To: **Realtor’s Commercial Alliance of Orange County**

**P.O. Box 17921  
 Anaheim CA 92817**

6. If paying by credit card scan, mail or bring to TFS email to : [RCAOC.AE.Roxie@gmail.com](mailto:RCAOC.AE.Roxie@gmail.com)

Credit card # \_\_\_\_\_ CCV \_\_\_\_\_ Expiration date \_\_\_\_\_  
*\*The CVV Security Code is the last 3 digits on the back of Visa & Master Card and the 4-digit number on the front of Amex.*

Name on Card \_\_\_\_\_ Billing Zip \_\_\_\_\_  Visa  MC  AMEX  
 Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**By signing:**

1. You agree to information provided in 2017 Benefit form.
2. If using your credit card for payment you are authorizing RCAOC to charge your credit card \$72.00 +\$4.00 total \$76.00  
 By signing you are authorizing RCAOC to process your payment and agree to information provided on the form.

(All payments are non-refundable)

**RCAOC thanks you in advance for your payment.  
 May 2017 be successful for you and best wishes for health and happiness**