

GENERAL INFORMATION

Name _____ Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Website _____
 Total No. of Offices _____ Total No. of Employees _____ Total No. of Sales Associates _____ Date Joined _____
 Total No. of Annual Transactions _____ Name of Parent Company (if applicable) _____

MEMBERSHIP CATEGORY

Dues calculation: To determine your dues category, include the most recent fiscal year gross revenues* of your company, parent company (if applicable), affiliates & franchisees that are not separate members of RESPRO from the following products or services:

- **Settlement Services:** Real estate brokerage, leasing, property mgt, mortgage lending/brokerage, originated mortgage servicing, title, closing, escrow, appraisals, homeowners/hazard insurance, mortgage insurance, home warranties, etc.
- **Products or services sold to the home owner in connection with or subsequent to a home purchase:** Moving services, utility services, remodeling, home repairs, refinancings, etc.
- **Services utilized to support a settlement service transaction:** Internet hardware & software, web site design, etc.

Check appropriate category:

- \$1,100 General Level (Under \$12 million in gross revenues)
- \$2,200 General Level (\$12–40 million in gross revenues)
- \$5,500 Board Level (\$40–100 million in gross revenues)
- \$11,000 Board Level (\$100–400 million in gross revenues)
- \$16,500 Board Level (\$400 million–\$1 billion in gross rev.)
- \$22,000 Board Level (\$1–2 billion in gross revenues)
- \$33,000 Board Level (Over \$2 billion in gross revenues)
- \$1,100 Associate Membership (Individuals or groups that do not provide "settlement services" who wish to support RESPRO®)

(Companies paying \$5,500 or more in dues are eligible for membership on the board of directors.)

* Gross Revenues are defined as: income from all sources (to include, but not limited to commissions, premiums, origination fees, service release premiums, net interest income, servicing fees, trading revenues, gains/losses on securities) prior to the payment of expenses.

YOUR NEEDS

Rank from 1 to 3 the primary benefits you expect from RESPRO®.

- Representation of your business alliances before Congress, HUD and the states
- Information about the changing federal regulatory environment
- Information about state regulatory developments affecting affiliated businesses
- How to comply with RESPA and other federal laws
- Networking with settlement service providers from a cross-section of the home buying industry
- Information about marketplace trends affecting affiliated businesses
- Information about business strategies to successfully offer affiliated services

COMPANY'S PRIMARY BUSINESS:

- Real Estate Brokerage
- Mortgage Brokerage/Lending
- Homeowners Warranties
- Insurance
- Appraisals
- Technology
- Homebuilding
- Legal/Consulting Services
- Title Services
- Vendor Management
- Other _____

ADDITIONAL SERVICES OFFERED:

- Real Estate Brokerage
- Mortgage Brokerage/Lending
- Homeowners Warranties
- Insurance
- Appraisals
- Technology
- Homebuilding
- Legal Services
- Title Services
- Vendor Management
- Other _____

RESPRO® KNOWLEDGE NETWORKS

(check all applicable boxes to be added to special e-mail lists)

- State Affiliated Business Laws
- Banks in Real Estate
- Consumer Rebate/Incentive Restrictions
- Predatory Lending Laws that Discriminate Against Affiliated Businesses
- RESPA and Unearned Fees (Third Party Markups and Overcharges)
- RESPA Reform
- Unauthorized Practice of Law (UPL) Restrictions

INTERESTED IN SERVING ON A COMMITTEE OR TASK FORCE?

(I would like to be active in RESPRO®. Please sign me up for the following committees/task forces)

- Finance Committee*
- Policy Committee*
- Program & Education Task Force
- Membership Task Force
- State Issues Task Force
- Title Task Force
- Real Estate Task Force
- Mortgage Task Force

(* restricted to board level members)

PLEASE SEND THIS FORM TO:

RESPRO
2000 L St., NW
Suite 522
Washington, DC 20036
OR FAX TO: 202.862.2052

If you have any questions, please contact Rita Reynolds at 202-862.2051, ext .212 or email her at reynolds@respro.org

PAYMENT INFORMATION

Check Enclosed MasterCard Visa American Express

Credit Card Number _____ Exp. Date _____

Name as it appears on the card _____ Cardholder Signature _____

(RESPRO® dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. RESPRO® estimates 50% of your dues are not deductible as a business expense because of RESPRO®'s lobbying activities.)