



**I N D E P E N D E N T
B R O K E R ' S A S S O C I A T I O N**

Real Estate Services

MISSION STATEMENT

The purpose of the Independent Brokers' 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



**INDEPENDENT BROKERS' ASSOCIATION
APPLICATION FOR MEMBERSHIP**

On behalf of my real estate company, _____, I/We hereby apply for membership in the Independent Brokers' Association. Attached is my check, which shall constitute my first time dues. 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 check will be returned to me. 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 Name _____

Company Address _____

Company Phone _____ Fax _____

Email _____ Web Site _____

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:

*Melissa Lising, IBA Secretary, Titan Real Estate, 16275 NE 85th St, Ste F, Redmond, WA 98052
Phone: 425.296.5131 Fax: 425.296.5132*



MEMBERSHIP MONTHLY DUES SCHEDULE

*Approved by the IBA Board Of Directors
March 15th, 2002. Effective April 1, 2002.*

Member	Monthly Dues
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 Brokers Association is a non-profit organization.
There is no initiation fee.*

Independent Brokers Association
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.

Customer Information (To be completed by merchant)

Customer name: _____ Customer account number: NONE Phone: _____

Payment Information (To be completed by merchant)

I authorize Independent Brokers Association to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
(VARIOUS AMOUNTS Quarterly Semi-Annually Annually (Check only one)
DEPENDING ON # OF
AGENTS)
Start billing on: ____/____/____ End billing when: Contract expires: ____/____/____
 Customer provides written cancellation

Credit Card Information (To be completed by customer)

Independent Brokers Association accepts the following credit cards: **Visa, MasterCard**

Credit card type: _____ Credit card number: _____ Expires: ____/____/____

Cardholder's name: _____ Cardholder's Zip code (required): _____
(as shown on credit card) (from credit card billing address)

Customer's signature: _____ Date: _____

Credit card authorizations may be mailed to:

Independent Brokers Association
40 Lake Bellevue Drive #100
Bellevue, WA 98005

