



OREP Affiliate Membership Application !~ -) #&mUfg

The OREP Affiliate Membership is for those who want to enjoy OREP [benefits](#) but do not obtain their E&O insurance through OREP. (Benefits are included when you purchase your insurance through OREP.)

Benefit Summary (find the complete list [online](#))

- **OREP Approved Continuing Education for Members/Affiliates at Cost:**
Appraisers: Essential Elements of Disclosures
Inspectors: Home Inspection Safety
- Access to [WRE Premium Content Online](#) with over 200 stories (\$40 value) (Print not included)
- [Group Medical](#) Plans (Calif. residents only) and nationwide [Short Term Medical](#) insurance
- [Bundled packages up to 49 hours of CE](#)
- [Lower Prices from your Favorite Suppliers:](#) Office Depot, HP, FedEx, Sprint, etc.
- [Appraisals & Identity Security Solution](#)
- Discount - [Bank Appraisers Needed](#)
- Discount on the [FHA Appraiser Inspection Checklist, Checklist Instructions and eBook](#)

OREP Affiliate Membership Application

Please complete the following and send with payment to 619-704-0567 or info@orep.org.

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____@_____.

Sending Payment

() Fax Payment by Check! It's Fast, Free and Simple:

1. Complete your check payable to OREP for the total amount due and attach on the next page.
2. Sign the authorization below and fax the completed check and application: (619) 704-0567.
3. Retain the actual check for your records (do not mail).

This check authorizes you to charge our bank account as per the attached check:

_____ / / _____
Your Signature Date Signed

Attach your completed check made out to OREP here and fax with application to: (619)704-0567.

() Payment by Credit Card

* Please Note: If you choose the credit card option, a 2% convenience fee will be applied.

CREDIT CARD: I approve OREP to deduct the total amount due. () Visa () MC () AMEX

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Exp. date: ____/____

Signature of cardholder _____

Date signed ____/____/____

You can mail your completed application with payment to:

OREP
6760 University Ave. #250
San Diego, CA 92115.

Fax: 619-704-0567

Phone: 888-347-5273

www.orep.org * info@orep.org