



Affiliate Membership Application

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](#))

- * Access to [WRE Premium Content Online](#) with over 200 stories (\$40 value)
- * Access to [Group Medical](#) Plans (Calif. residents only)
- * A range of other healthcare programs including [Health Savings Accounts](#) nationwide.
- * Discounts on Mckissock Education in 50 states - 10% for members and affiliates
- * Volume Pricing on Home, Auto, Workers Comp. and other Insurance
- * [Corporate Savings](#) - Save money with your favorite suppliers: Office Depot, hp, FedEx, cingular, ect.

Affiliate Membership Fee: \$50/1 year

Contact Information

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Payment Options

- () Paying check by fax: Attach a check made out to OREP and fax with the application.
- () Paying by Credit Card: Please complete the form below. (A 2% convenience fee will be added to all charges. Visa, MC accepted.)

Pay-by-check-by-fax Instructions

1. Complete your check payable to OREP for \$50 and attach below.
2. Keep the actual check for your own records.
3. Sign the authorization below and fax the check with the application to OREP: 619-704-0567

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

Your Signature Date Signed

() If paying by fax/check: Attach a check made out to OREP here and fax with application to: (619)704-0567.

() If paying by Credit Card: complete information below. (A 2% convenience fee will be added to all charges.)

CREDIT CARD: I approve OREP to deduct the total amount due.

Type of Card: () Visa () MC

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp. date: ____/____

Signature of cardholder: _____

Date signed ____/____/____

Please Mail or Fax completed application with payment to:

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

Fax: 619-704-0567

Call: 888-347-5273

www.orep.org * info@orep.org