MASSACHUSETTS RHODE ISLAND & MAINE CHAPTER OF THE APPRAISAL INSTITUTE 2024 CHAPTER PARTNERSHIP FORM

Please complete this form and include credit card payment information. Partner Type (Please circle): Gold Program: \$500 Platinum Program: \$1,000 Please circle: Renewal New 2024 Sponsor **Partner Information*** Company Contact Person: Telephone #:______ Fax #:______ Company Name:____ Please list full name exactly how you would like it to appear Website address: Please send a .jpg file with your corporate logo to office@ma-ri-me-appraisalinstitute.org. For renewals, if your corporate logo has changed since 2020, otherwise we will use the version on file. *Please use this section to make any changes to your contact information. **Payment Method** Amount #: _____ Credit Card Type (Visa, M/C or AMEX):_____ Name as it appears on Credit Card:______ Credit Card #: Exp. Date:

Billing Address for card: