



REALTORS® Land Institute (RLI) Student Application

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
E-mail _____
Date of birth ____/____/____
School _____
How did you hear about RLI? _____

I agree to abide by the bylaws, rules and regulations of the Institute. Signed _____

In addition to this form you must submit proof of enrollment. A copy of your student transcript is required.

12-MONTH MEMBERSHIP is \$75.

RLI Membership	\$75
Total	\$ 75

PAYMENT

____ Check Enclosed

____ Credit Card: ____ MC ____ VISA ____ AMEX Card ____ Discover

Number _____

Expiration Date: _____

Name on card: _____