



## MEMBERSHIP APPLICATION

### Information about you...

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business #1 Phone\_( \_\_\_\_\_ ) \_\_\_\_\_ Bus Fax\_( \_\_\_\_\_ ) \_\_\_\_\_

Business #2 Phone\_( \_\_\_\_\_ ) \_\_\_\_\_ Other Fax\_( \_\_\_\_\_ ) \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I would like mail sent to my:  Business  Residence

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

Local Chapter you are joining \_\_\_\_\_

Board of REALTORS® in which you hold membership (**mandatory for all national members**)

Type of membership held: \_\_\_ REALTOR® \_\_\_ REALTOR-ASSOCIATE® \_\_\_ Affiliate

*Following question for National Affiliate applicants only—one of the above MUST be checked to become a National Affiliate WCR member.*

Is your REALTOR® Board membership:  Under your name?  Your company name?

What year did you become active in real estate? \_\_\_\_\_

REALTOR® designations you have earned \_\_\_\_\_

NRDS ID# \_\_\_\_\_

Were you a national WCR member in the past 12 months? \_\_\_\_\_

### DUES AMOUNT OWED

National dues: \$111.00

State dues: \$35.00

Local dues: \$15.00

TOTAL DUES: \$161.00

### METHOD OF DUES PAYMENT

Check for \$ \_\_\_\_\_ (payable to "WCR") is enclosed.

Charge \$ \_\_\_\_\_ to my:  Visa  MasterCard  American Express  Discover

Credit card # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

#### **FOR LOCAL CHAPTER USE ONLY**

*Verify all REALTOR® Board information, dues amounts and payment information before forwarding this application.*

SPONSORED By \_\_\_\_\_

Application process completed by \_\_\_\_\_

Date \_\_\_\_\_

**Please send completed application along with payment to:**

Women's Council of REALTORS®  
430 N. Michigan Ave., Chicago, IL 60611  
Fax: 312-329-3290