



Local Affiliate MEMBERSHIP APPLICATION

Information about you...

Name _____ Company Name _____

Company Address _____

City/State/Zip _____

Business #1Phone_(_____) _____ Bus Fax_(_____) _____

Business #2Phone_(_____) _____ 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 (if applicable) _____

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? (if applicable) _____

REALTOR® designations you have earned(if applicable) _____

NRDS ID#(if applicable) _____

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

DUES AMOUNT OWED

Local dues: \$136.00

METHOD OF DUES PAYMENT

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

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

Credit card # _____ Expiration _____

Signature _____

Please send completed application along with payment to:
Women's Council of REALTORS®
P.O. Box 311211, New Braunfels, TX 78130
Fax: 866-589-6516