



**STARK COUNTY CHAPTER**

**AFFILIATE MEMBERSHIP APPLICATION**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**OFFICE PHONE:** \_\_\_\_\_ **OFFICE FAX:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**CHECK ONE:** \_\_\_\_\_ **New Member** \_\_\_\_\_ **Renewal**

**Member since** \_\_\_\_\_

**\$50.00 Local Affiliate Annual Membership Dues**

**Make check payable to: WCR**

**Mail to:**

Women's Council of Realtors  
c/o SCAR  
4344 Metro Cir. NW  
North Canton, OH 44720  
Attn: Affiliate Memberships