



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:

Nat'l dues \$111.00

State dues: \$35.00

Local dues: \$14.00

TOTAL DUES: \$160.00

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®
420 N. Michigan Ave. Chicago, IL 60611