



MEMBERSHIP APPLICATION

Information about you

Name _____

Company Name _____

Company Address _____

City/State/Zip _____

Phone _____ Fax _____

Residence Address _____

City/State/Zip _____

Phone _____ Fax _____

I would like my mail sent to my business my residence

E-mail _____

Web Site _____

Local Chapter you are joining _____

Board of REALTORS® in which you hold membership _____

Type of membership held:

REALTOR® REALTOR-ASSOCIATE® Affiliate

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? _____

Following question for National Affiliate applicants only:

Is your REALTOR® Board membership under your name? your company name?

Note: One of the above MUST be checked to become a National Affiliate WCR member.

DUES AMOUNT OWED

National dues: **\$ 86.00**

State dues: **\$ 35.00**

Local dues: **\$ 14.00**

TOTAL DUES: **\$135.00**

(\$9 of your dues is a one year subscription to *Connections*)

METHOD OF DUES PAYMENT

Check for \$ _____ payable to WCR is enclosed.

Charge \$ _____ to my

Visa MasterCard American Express Diners Club Discover

Credit card # _____

Expiration date _____

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:

Penny Kallas, Membership Marketing
101 Capri Isles Blvd. Venice, FL 34292
(941) 484-2520