



2018 REALTOR MEMBERSHIP APPLICATION

Information about you...

Name _____ Company Name _____
Company Address _____
City/State/Zip _____
Business #1 Phone (_____) _____ Bus Fax (_____) _____
Business #2 Phone (_____) _____
Residence Address _____
City/State/Zip _____
I would like mail sent to my: Business Residence
E-mail _____
Website _____
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® ___ REALTOR® Association Staff
What year did you become active in real estate? _____
NRDS ID# _____
Were you a National WCR member in the past 12 months? _____
REALTOR® designations you have earned _____

DUES AMOUNT OWED

National dues: \$126.00

State dues: \$ 35.00

Local dues: \$ 24.00

TOTAL DUES: \$185.00

METHOD OF DUES PAYMENT

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

Charge \$ _____ to my (please circle one)

Visa MasterCard American Express Discover

Credit Card # _____

Expiration Date _____

Signature _____

FOR LOCAL NETWORK USE ONLY

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

Please send completed application along with payment to:

Women's Council of REALTORS®
P.O. Box 3621, Sarasota, FL 34230