

***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 Network you are joining \_\_\_\_\_

Board of REALTORS® in which you hold membership (**mandatory for all national members**)

Type of membership held: \_\_\_ REALTOR® \_\_\_ REALTOR-ASSOCIATE® \_\_\_ Strategic Partner

*Following question for National Affiliate applicants only—one of the above MUST be checked to become a National Strategic Partner 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: \$140.00

State dues: \$ 20.00

Local dues: \$ 24.00

TOTAL DUES: \$184.00

**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 NETWORK 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®  
430 N. Michigan Ave., Chicago, IL 60611  
Fax: 312-329-3290