

STRATEGIC PARTNER APPLICATION
North Shore IL Network

THIS FORM IS FOR USE BY NON-REALTORS[®].

Name _____ Company Name _____
Business Address _____
Business City/State/Zip _____
Business Phone (____) _____ Cell (____) _____ Fax (____) _____
E-mail _____

Do you have an Active Real Estate License in Illinois? _____ None _____ Broker _____ Managing Broker

Home Address _____
Home City/State/Zip _____
Home Phone (____) _____ Preferred Mailing Address _____ Business _____ Residence
Birth Date: Month _____ Day _____

Were you a WCR member in the past 12 months? _____ Yes _____ No
Do we have your permission to fax or e-mail information to you? _____ Yes _____ No
Preferred method of communication: _____

Strategic Partners: Participation in the Women's Council of REALTORS[®] is on an individual basis. There may be more than one Strategic Partner of WCR from your company or corporation. Each person must complete a separate application.

STRATEGIC PARTNER AMOUNT OWED:

TOTAL AMOUNT: _____
Please see page 2 to choose your desired
Level of participation
New _____ Continuing _____

WHOM MAY WE THANK FOR INTRODUCING YOU TO THE NORTH SHORE
Women's Council NETWORK? _____

APPLICATION DATE _____

METHOD OF PAYMENT:

Check for \$ _____ (payable to "WCR") is enclosed. Or you may send a money order.
Charge \$ XXXXX (See Strategic Partner Plan to choose your level of participation.)

Please send completed application along with payment to:

Women's Council of REALTORS[®], North Shore Network
450 Skokie Boulevard, Building 1200
Northbrook, IL 60062

www.WCRNorthShoreIL.org

Like us on Facebook  www.Facebook.com/WCRNorthShoreIL/

FOR NORTH SHORE NETWORK USE ONLY

Application process completed by _____
Date: _____ Check # _____
Sent to Treasurer on ____/____/____ by _____
Deposited to WCR North Shore on ____/____/____