

## **NATIONAL MEMBERSHIP APPLICATION**

## **North Shore IL Network**

THIS FORM IS F	OR USE BY REALT	ORS® AND STRATEGIC I	PARTNERS WH	O ARE MEMBERS O	F A LOCAL REALTO	R® ASSOCIATION.
Name		Coi	mpany Name			
Business Addre	ess					
Business City/S	State/Zip	Cell_(				
Business Phon	e()	Cell(	)	Fax	()	
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Home Address	j					
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E-mail			We	bsite		
Birth Date: M	lonth	Day				
BOARD OF REA	ALTORS® in whi	ch you hold members	hip			
		REALTOR®				
		ve in real estate?				
REALTOR® des	signations you ha	ave earned				
Nere you a W	CR member in th	e past 12 months?	Yes	No		
		cipation in the Women				
	nai Strategic Partr	ner of WCR from your co	mpany or cor	poration. Each perso	on must complete	a separate
application.	FD.					
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membership d	ues by phone, pl	ease call the National	WCR office (8	300-245-8512 from	8:30 a.m. – 4:00	p.m. CST).
	P	lease send completed				
		Women's Council of	•		ork	
			Boulevard, B	_		
			thbrook, IL 60			
		www.V	<u>VCRNorthSho</u>	relL.org		
	Like us o	n Facebook 📑 www	w.Facebook.d	om/WCRNorthSho	oreIL/	
		FOR LOCA	AL NETWORK	USE ONLY		
		ify all local association me			, and payment	
	information	on prior to submitting this	application to N	lational WCR.		
	Application	n process completed by		on	1 1	
	Forwarded	to National WCR on	by			
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