

Name \_\_\_\_\_

Company Name \_\_\_\_\_

## Company

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## Residence

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

I would like my mail sent to:  Company  Residence

Fort Myers, Florida

Local Network you are joining \_\_\_\_\_

Association of REALTORS® in which you hold membership  
(All applicants must supply this information)

Type of Membership:

- REALTOR®  
 REALTOR-ASSOCIATE®  
 REALTOR® Association Staff  
 Affiliate

REALTOR® Designations you have earned \_\_\_\_\_

NRDS ID# \_\_\_\_\_

Were you a national WCR member in the past 12 months? \_\_\_\_\_

Dues amount owed:

National Dues:	_____	\$126
State Dues:	_____	35
Local Dues:	_____	<small>Fort Myers, Florida</small>
<b>Total Dues:</b>	_____	<b>\$186.00</b>

## Method of Dues Payment

Check for \$\_\_\_\_\_ payable to WCR is enclosed

- Yes! I would like to join Women's Council. Please contact me for my credit card information (to maintain a secure environment and protect your credit card data, we no longer accept credit card information on paper forms.)

Please send completed application and check to:  
Women's Council of REALTORS®, 430 N. Michigan Ave., Chicago, IL 60611

If we are contacting you for payment, you may fax this completed application to 312.329.3290 or email to [wcr@wcr.org](mailto:wcr@wcr.org).