



MEMBERSHIP APPLICATION

Information about you...

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

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

I would like mail sent to my: \_\_\_ Business \_\_\_ Residence

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

Name of Chapter which you are joining: \_\_\_\_\_

Board of REALTORS® in which you hold membership: \_\_\_\_\_

Type of membership held: \_\_\_ REALTOR® \_\_\_ REALTOR-ASSOCIATE® \_\_\_ BROKER

What year did you become active in real estate? \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

REALTOR® designations you have earned \_\_\_\_\_

NRDS ID# (National Association ID Number is required) \_\_\_\_\_

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

DUES AMOUNT OWED

National dues: \$ 86.00

State dues: \$ 20.00

Local dues: \$ 8.00

TOTAL DUES: \$114.00

METHOD OF DUES PAYMENT

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

Charge \$ \_\_\_\_\_ to my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Diners Club \_\_\_ Discover

Credit card # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

FOR LOCAL CHAPTER 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®

Attn: Leah Petras

2 Crossroads Plaza,
O'Fallon, MO 63368

Or Call: VP of Membership, Leah Petras, 314-324-6601