



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Name _____

Company Name _____

Company Address (published) _____

City/State/Zip _____

Residence (not published) _____

City/State/Zip _____

I would like my mail sent to: Business Residence

Office Phone _____ Cell Phone _____

Fax _____ Email _____

Website _____

Board of REALTORS® in which you hold membership Bay East Other: _____

Type of membership held: REALTOR® REALTOR-ASSOCIATE® Affiliate

What year did you become active in real estate? _____ NRDS ID# _____

REALTOR® designations you have earned: _____

Were you a WCR National Member in the last 12 months? Yes No

ANNUAL DUES:

National: \$126.00

State: 40.00

Local: 34.00

TOTAL: \$200.00

METHOD OF PAYMENT:

Check (payable to WCR for total amount) Charge: Visa MasterCard AmEx Discover

Credit card number _____ Expiration _____

Signature _____ **Date** _____

APPLICATION PROCESSING:

- If paying by check: Send a copy to Southern Alameda County Membership Director Pam Stair via fax (925-520-4928) or email (pam@pamstair.com) and send original with payment to: Women’s Council of REALTORS®, 430 N Michigan Ave, Chicago IL 60611, National office will process.
- If paying by credit card: Send to Southern Alameda County Membership Director Pam Stair via fax (925-520-4928) or email (pam@pamstair.com). Pam will process.

Questions? Contact Membership Director Pam Stair at 925-200-5868 or pam@pamstair.com