

WCR Boston Membership Application

Name _____

Company Name _____

Company Address _____

City/State/Zip _____

Office Phone _____

Office Fax _____

Home Address _____

City/State/Zip _____

Home Phone _____

Home Fax _____

I would like my mail sent to my:

Office Home

Email _____

Website _____

Board of REALTORS® in which you hold membership: _____

Type of membership held:

- REALTOR®
 REALTOR-ASSOCIATE®
 Affiliate

What year did you become active in real estate? _____

REALTOR® designations you have earned: _____

NRDS ID# _____

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

Yes No

Is your REALTOR® Board membership under

your name your company name

Note: One of the above must be checked to become a National Affiliate WCR member.

Dues amount owed

National dues: \$96.00

State dues: \$10.00

Local dues: \$14.00

Total Dues: \$120.00

Affiliate Membership Only: \$95 (pay online)

Method of dues payment

Amount: \$120 \$95 (Affiliate Member)

Method: Visa MasterCard Check

*Make checks payable to "WCR" Boston

Credit card # _____

Expiration Date _____

Signature _____

Please mail or fax the completed application along with payment to:

Mail: Suzy Ferrantino Fax: 877-878-1377
313 Washington Street Cell: 508-562-1332
Newton, MA 02458

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 _____