

# 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: \$86.00

State dues: \$10.00

Local dues: \$14.00

Total Dues: \$110.00

Affiliate Membership Only: \$95

## ***Method of dues payment***

Amount:  \$110  \$95 (Affiliate Member)

Method:  Visa  MasterCard  Check

\*Make checks payable to "WCR"

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

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Mail: Christy May      Fax: 774-215-5117  
5 Independence Drive  
Foxboro, MA 02035

### ***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 \_\_\_\_\_