

**Sacramento Chapter Women's Council of REALTORS®
APPLICATION FOR MEMBERSHIP**

(Use this form for NEW MEMBERS ONLY. Do Not Use for renewals or address changes.)

Name:		Date:	
Company Name:		NRDS#	
Company Address:			
City:		State:	Zip:
Business Phone:	FAX:	Cell #:	Pager #:
Home Address:			
City:		State:	Zip:
Home Phone:		Birth date (month/day):	
e-Mail address:		Referred by:	
Send Mail to: <input type="checkbox"/> Company Address <input type="checkbox"/> Home Address			
Have you ever been a member of WCR? <input type="checkbox"/> Yes <input type="checkbox"/> No If so when & where: _____			

Please Check below for the type of membership you wish to hold

REALTOR®
\$145.00 Any member of a local board of REALTORS® (and therefore a member of NAR) is eligible for a REALTOR® membership. May hold all offices, vote, use the WCR logos, and use all services of National WCR, receive the National WCR Magazine, *Communiqué*.
REALTOR® designations earned: _____
Board of REALTORS® in which you hold membership: _____

An affiliate member is someone engaged in but not limited to a specialty related to real estate business and does not hold membership as a REALTOR® in a local association of REALTORS®.

National Affiliate®
\$145.00 National Affiliate Members are members of a Local Association of REALTORS®; may vote, hold local office (except: President, President-Elect, Vice President of Membership, and/or Chair Standing Committees); use the WCR logos and National WCR services; receive the National WCR Magazine, *Communiqué*.
Board of REALTORS® in which you hold membership: _____

Local Affiliate®
\$90.00 Local Affiliate members may chair special committees, attend local meetings and enjoy local benefits. They may not vote, hold office, nor use WCR logos or National WCR services.

Do you hold membership in your local Board/Association under your own name? Yes No

If No what is the name of the business holding membership? _____

- Enclosed is a check for one full year's dues made payable to Women's Council of REALTORS
- Bill your Visa or MasterCard (circle one)
Card # _____ Exp. Date (mm/yy): _____
- SIGNATURE: _____

Please mail form and payment to: Re/Max Gold;
Attn: Cheryl Keller, 2998 Douglas Boulevard, Suite 125 Roseville, CA 95661
Office: 916-218-7500, Cell: 916-768-4408 or Fax: 916-218-7510, Email: keller@ssctv.net