



2012 MEMBERSHIP APPLICATION

Name		Business Name	
Business Address			
City/State/Zip			
Home Address			
City/State/Zip			
Phone		FAX	
			Email
Web Site		I would like my mail sent to: <input type="checkbox"/> Business <input type="checkbox"/> Home	
Local Chapter you are Joining:	Columbus Ohio Chapter		
Board of REALTORS® in which you hold membership: <i>(Mandatory for all National Members)</i>	Columbus Board of REALTORS®		
Type of Membership Held:	<input type="checkbox"/> REALTOR®	<input type="checkbox"/> NATIONAL AFFILIATE	<input type="checkbox"/> LOCAL AFFILIATE
Is your REALTOR Board Membership:	<input type="checkbox"/> Under Your Name?	<input type="checkbox"/> Under Your Company Name?	
What year did you become active in real estate?		Were you a national WCR member in the past 12 months?	
REALTOR Designations you have earned?			
NRDS ID #			
Are you on Facebook? Name?		Birthdate	

DUES AMOUNT OWED:

REALTOR® OR NATIONAL AFFILIATE

LOCAL AFFILIATE

National Dues	\$ 111.00	National Dues	\$ 0.00
State Dues	\$ 35.00	State Dues	\$ 0.00
Local Dues	\$ 10.00	Local Dues	\$ 100.00
TOTAL DUE	\$ 156.00	TOTAL DUE	\$ 100.00

DUES AMOUNT OWED:

	Check for \$.00 is enclosed (made payable to WCR).			
	Charge \$.00 to my:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
		<input type="checkbox"/> Discover		
Credit Card #			Expiration Date	
Signature				

FOR LOCAL AFFILIATES ONLY: If you prefer to pay by credit card, you may use PAYPAL on our website www.WCRColumbus.org.

RETURN COMPLETED APPLICATION AND PAYMENT TO:

Heather Dunn, Membership Chair
 Arrow Title Agency, 4200 Regent Street, Suite 210, Columbus, OH 43219
 Phone: 614.452.4065 • FAX: 614.556.4866
 Heather.Dunn@ArrowTitle.com

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: _____