



Jacksonville, Florida Chapter
www.wcrjax.org

MEMBERSHIP APPLICATION (Information about you)

Name.....

Company name.....

Company address.....

.....

City/State/zip:.....

.....

Office phone..... Cell.....

Fax.....

Email.....

Website:.....

Residence address.....

.....

City..... State.....

Zip.....

.....

I would like my mail to go to my office to my residence

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 within the last

12 months.....

The following question is for the National Affiliate applicants only:

Is your REALTOR® Board membership
under your name? under company name?

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

AMOUNT OF DUES OWED

National dues..... \$111

State dues.....\$35

Local dues.....\$20

Total dues.....\$166

Method of dues payment:

Check for \$.....payable to **WCR** is enclosed

Charge for \$.....to my card

Visa

MasterCard

Card number.....

.....

Expiration date..... Zip.....

Signature.....

Sponsored by WCR member.....

.....

Date.....

SEND THIS FORM TO THE VP OF MEMBERSHIP:

**Missi Howell, CIPS, GRI, PMN, TRC.
Watson Realty Corp.
615 Highway A1A,
Ponte Vedra Beach,
FL 32082**

904-716-1713 Cell

904-212-0483 Fax

MissiHowell@MissiHowell.com

http://www.missihowell.com

REALTOR®

Verify all REALTOR® Board information, dues amount, and
payment information, before forwarding the application.

Processed by.....