

APPLICATION FOR AFFILIATE MEMBERSHIP

REALTOR® COMMERCIAL ALLIANCE
OF THE
WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS®, INC.

NAME: _____

JOB TITLE: _____

FIRM NAME: _____

NON-REFUNDABLE MEMBERSHIP FEE OF \$200.00 DUE WITH APPLICATION!

I UNDERSTAND THAT BY PROVIDING MY MAILING ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER, AND FAX NUMBER, I CONSENT TO RECEIVE COMMUNICATIONS SENT BY THE WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS®, INC. I AGREE AS A CONDITION OF PARTICIPATION IN THE CIE TO ABIDE BY ALL RELEVANT BYLAWS, RULES AND REGULATIONS AND OTHER OBLIGATIONS OF PARTICIPATION INCLUDING PAYMENT OF FEES. RCA BYLAWS AND RULES AND REGULATIONS ARE AVAILABLE AT WWW.WSRAR.COM

SIGNED _____ DATE _____

FOR OFFICE USE ONLY

DATE RECEIVED _____

APPROVED BY _____ DATE APPROVED _____

(RCA CHAIRMAN)

Return completed application to:
Winston-Salem Regional Association of REALTORS®, Inc.
195 Executive Park Blvd.
Winston-Salem, NC 27103
Or fax to:
336-768-7295
For questions call:
336-768-5560