

APPLICATION FOR PUBLIC SERVICE MEMBERSHIP

WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS[®], INC.

ENCLOSED INITIATION FEE: \$200.00

MEMBERSHIP TYPE: (Check one) FIRM _____ INDIVIDUAL _____

NAME OF CONTACT PERSON: _____

FIRM NAME: _____

NATURE OF BUSINESS: _____

POSITION WITH FIRM: _____

OFFICE ADDRESS: _____

City State Zip Code Phone Fax

RESIDENCE ADDRESS: _____

City State Zip Code Phone

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **BIRTHDATE:** _____

I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

DATED: _____ **SIGNED:** _____

Return completed application to: *Winston-Salem Regional Association of REALTORS[®], Inc.
195 Executive Park Blvd.
Winston-Salem, NC 27103*