



**APPLICATION FOR MEMBERSHIP**

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

NAME: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

OFFICE FAX NUMBER: \_\_\_\_\_

**\*\*APPLICATION FEE OF \$200 DUE WITH APPLICATION\*\***

I HEREBY CERTIFY THAT I WILL READ THE BYLAWS AND RULES & REGULATIONS OF THE RCA AND WILL ABIDE BY THEM (these documents can be found at [www.wsrar.com](http://www.wsrar.com)). 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. AND ITS DIVISIONS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE APPROVED \_\_\_\_\_