



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). 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 _____