



APPLICATION FOR PRINCIPAL MEMBERSHIP

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

PRINCIPAL'S NAME: _____

FIRM NAME: _____

FIRM ADDRESS: _____

OFFICE PHONE NUMBER: _____ OFFICE FAX NUMBER: _____

PRIMARY BOARD OR ASSOCIATION: _____

****If WSRAR is not your Primary Association, please attach a letter in good standing from your Primary Board or Association.****

REQUIRED ADDITIONAL MEMBERS (ASSOCIATE MEMBERS) – IN ADDITION TO THE PRINCIPAL MEMBER DUES, PRINCIPAL MEMBERS MUST PAY DUES TIMES EACH PERSON AFFILIATED WITH THE PRINCIPAL MEMBER WHO IS ENGAGED IN THE SELLING, LEASING, APPRAISING, OR EXCHANGING OF COMMERCIAL, INDUSTRIAL, & INVESTMENT REAL ESTATE. LIST THE NAMES OF ANY SUCH ASSOCIATES BELOW:

NAME:	HOME PHONE #:	LICENSE #:	E-MAIL ADDRESS:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

****NON-REFUNDABLE APPLICATION FEE OF \$200 PER LICENSED AGENT 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 _____ CHECK # _____ AMOUNT _____

APPROVED BY _____ DATE APPROVED _____
(RCA CHAIRMAN)