

Western Wisconsin REALTORS® Association Application for Affiliate Membership



Name: _____

Social Security Number: _____

Date of Birth: _____ E-mail Address: _____

Company Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Home Address: _____

Are you a member of any other Board of REALTORS®? Please circle Yes or No

If yes, name of Board(s) you belong to: _____

Does your firm engage in Brokerage? ("The listing or selling of real estate property as an agent for the buyer or seller") Please circle Yes or No

Does your firm have a parent firm/subsidiary which engages in brokerage? Please Circle Yes or No

If yes, where is the firm located? _____

Is anyone in your company a current member of the Western Wisconsin Board of REALTORS®?

Please circle Yes or No

If yes, Please list their names _____

Do you hold a WI Real Estate License? Please circle Yes or No

Do you receive any compensation from the sale of real estate? Please circle Yes or No

Would you be interested in serving on a committee? _____

Would you be interested in speaking to the membership on a topic related to their and your business?

I hereby certify that the information I provided is true and correct. Dues are **non-refundable** once application has been accepted

Applicant Signature	Date
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