



APPLICATION FOR MEMBERSHIP



**PROPERTY MANAGEMENT DIVISION
OF THE
WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS[®], INC.**

NAME: _____

FIRM NAME: _____

FIRM ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

POSITION WITH FIRM: _____

**** APPLICATION FEE OF \$75.00 IS DUE WITH THE 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. AND ITS DIVISIONS.

SIGNED _____ DATE _____

Return application and check to: Winston-Salem Regional Association of REALTORS[®]
195 Executive Park Blvd.
Winston-Salem, NC 27103
Phone: (336) 768-5560
Fax: (336) 768-7295

FOR OFFICE USE ONLY

DATE RECEIVED _____ CHECK # _____ AMOUNT _____

APPROVED BY _____ DATE APPROVED _____
(PMD PRESIDENT)

DATE APPLICANT IS INFORMED OF APPROVAL AND MAILED BYLAWS _____