



**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: \_\_\_\_\_

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.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF BROKER-IN-CHARGE (if applicable) \_\_\_\_\_

**\*\* APPLICATION FEE OF \$25 DUE WITH APPLICATION \*\***

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

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**FOR OFFICE USE ONLY**

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

APPROVED BY \_\_\_\_\_ DATE APPROVED \_\_\_\_\_  
(PMD PRESIDENT)

DATE APPLICANT IS INFORMED OF APPROVAL AND MAILED BYLAWS \_\_\_\_\_