



Washington Real Estate Brokers' Association Membership Application

Applicant Information

Name:		
Company/Organization:		
Mailing Address:		
City:	State:	ZIP:
Office Phone:	Home Phone:	Cell Phone:
E-mail:	Internet Site:	Fax:

Please Check the Applicable Boxes

State License(s) <input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> VA
Primary Market Area(s) <input type="checkbox"/> DC <input type="checkbox"/> MC <input type="checkbox"/> PGC <input type="checkbox"/> AC <input type="checkbox"/> FC <input type="checkbox"/> Other _____
Designations: <input type="checkbox"/> GRI <input type="checkbox"/> CRS <input type="checkbox"/> CBR <input type="checkbox"/> Other _____
Your Field: <input type="checkbox"/> Appraisals <input type="checkbox"/> Architecture <input type="checkbox"/> Auctions <input type="checkbox"/> Building Trades <input type="checkbox"/> Home Inspections <input type="checkbox"/> Insurance
<input type="checkbox"/> Mortgage Finance <input type="checkbox"/> Pest Control <input type="checkbox"/> Property Management <input type="checkbox"/> Sales/Rentals <input type="checkbox"/> Settlement Services
<input type="checkbox"/> Other _____
Dues Category: <input type="checkbox"/> Principal Broker/ Associate Broker - \$200 <input type="checkbox"/> Sales Associates - \$100
<input type="checkbox"/> Allied Associate - \$150 <input type="checkbox"/> Corporate - \$500 <input type="checkbox"/> Student - \$25
Sponsor(s): _____ _____

Total Dues and Payment Options

There is a one-time initiation Fee or a re-instatement Fee of \$50.00. If this is your initial application for membership; the one-time initiation fee should be added to the dues for your membership category. If your dues went unpaid for 1 year or more; the re-instatement fee should be added to the dues for your membership category. Dues are due every January

Total Amount Due = \$ _____ (a \$25.00 late fee for memberships paid after March 31st, 2009)

Please check your method of payment - Check/Money Order AmEx Discover

MC Visa Card# : _____ Exp. Date: _____

I authorize WREBA to process the above checked credit card for the amount shown as "Total Amount Due".

Signature of Applicant:	Date:
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For Office Use Only

Membership Class:	Year:	Payment Class:	Date Processed:
WREBA:		Processed By:	

Please mail this form to WREBA, 3211 Pennsylvania Avenue, S.E., Washington, D.C. 20020

For further information, call (202) 399-9000 Fax (202) 399-7452

Thanks for your Support !