



West Central Association of Realtors®

1025 - 19 Avenue SW, Suite 5

Willmar, MN 56201

(320)235-6881

E-mail – wcoffice@wcarmn.com

APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby submit the following information for your consideration:

Name _____

Company Name _____

Type of Business or Profession _____

Office Address _____

City/State/Zip _____ Phone _____

Fax _____ Email _____

Are you a member of any other Board of Realtors®? Yes _____ No _____

Are you a member of any other trade association? Yes _____ No _____

If yes, please name
association(s) _____

The undersigned respectfully applies for Affiliate Membership in the West Central Association of Realtors® and promises, if accepted, to abide by the by-laws of the WCAR. Annual Affiliate membership dues are \$105.00, prorated monthly with a one time Application Fee of \$25. Enclosed is a check in the amount of \$_____. I understand membership dues are paid annually.

Signed _____ Date _____