



Mem#: _____
Date: _____
Total: _____

STUDENT APPLICATION
(Cannot hold an active license)

PLEASE TYPE OR PRINT CLEARLY

Mr. Mrs. Ms. Name: _____

Company Name: _____

Office Street Address: _____

City: _____ State: _____ Zip: _____

Office Main Phone: _____ Office Main Fax: _____

Office Direct Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Web site Address: _____

Social Security Number (only last 4 digits): _____ Preferred Mailing Address: _____ Home _____ Office

SPECIALIZATION *In what areas do you primarily specialize? Please check a maximum of two.*

- Development Leasing (Office Space) Finance Legal (non-licensed only) Industrial Property Management
- Investment/Sales Retail Land Research (non-licensed only) Other: _____

DESIGNATION *(Check all that apply)*

- ALC CPM CRE CCIM CIPS SIOR Other: _____

I hereby apply for Membership in the Greater Washington Commercial Association of REALTORS®, and enclose my dues payment which I understand will be returned to me in the event I am not elected to membership. I also understand that my application fee is non-refundable. By my signature below, I agree as a condition of membership to abide by the Code of Ethics of the National Association of REALTORS® and other membership duties, including the duty to arbitrate business disputes, and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association. I hereby submit the above information for your consideration.

Signature: _____ Print Name: _____

Corporate Affiliate Dues are non-refundable. Payments to the Greater Washington Commercial Association of REALTORS® are not deductible as charitable contributions. Such payments, may, however, be deductible as an ordinary and necessary business expense.



GREATER
WASHINGTON
COMMERCIAL
ASSOCIATION
OF REALTORS®

HOW TO CALCULATE YOUR 2012 DUES

Student Membership.

	Jan-Dec	July-Dec
GWCAR Dues	\$50.00	\$25.00
TOTAL AMOUNT	\$50.00	\$25.00

METHOD OF PAYMENT *Credit card payments may be faxed*

Total Amount \$ _____

Check Enclosed (*payable to GWCAR*) _____

Circle One: **Visa** **MasterCard** **American Express**

Account Number: _____ Exp. Date: _____ V-Code*: _____

*A V-Code is the last three digits in the signature panel on the back of the credit card.

Cardholder's Signature: _____ Print Name: _____