


LOCAL AFFILIATE APPLICATION
Cape Coral Chapter

Local Affiliate Membership Dues: \$100.00

Date: _____

Name: _____

Company: _____

Mailing address: _____

City/State/Zip: _____

Website: _____

E-mail address: _____

Company Phone: (____) _____ **Fax:**(____) _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Birth date (Mo/Day): _____ **Sponsored By:** _____

I would like to volunteer for _____

Please call to let me know what you need help with: YES NO

Please call me about sponsorship opportunities: YES NO

METHOD OF PAYMENT

Check for \$ _____ payable **Women's Council of Realtors** enclosed

I made the payment online with PayPal from the website (www.wcrcapecoral.org)

Charge \$ _____ to my

Visa MasterCard

Credit Card # _____

Expiration Date _____

Signature _____

SEND APPLICATION TO:
WCR Cape Coral Chapter
VP of Membership
PO Box 100265, Cape Coral, FL 33910
or
Fax: 239-574-8810