



Today's Date \_\_\_\_\_

## APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the above named Association;

( ) PRIMARY AFFILIATE (1st affiliate with firm) \$99.00

( ) SECONDARY AFFILIATE (additional affiliate with firm) \$25.00

Enclosed is my check in the amount of \$\_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone or Landline (please circle one)

Permission to Text? Yes \_\_\_\_\_ No \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**For log in identification security purposes:**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Mother's Maiden Name \_\_\_\_\_

Father's First Name \_\_\_\_\_

Your Place of Birth \_\_\_\_\_

Dated \_\_\_\_\_  
(Applicant's usual form of signature)

**RETURN COMPLETED APPLICATION TO INFO@WMLAR.COM**