



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 ERIN@WMLAR.COM