



MEMBERSHIP APPLICATION

Council of Residential Specialists
The Proven Path To Success

Send completed form to:

Council of Residential Specialists
430 N. Michigan Ave
Chicago, IL 60611

Phone: 800.462.8841
Fax: 312.329.8551
Email: CRSHelp@crs.com

ALL MEMBER TYPES, DESIGNATED OR NOT, REQUIRE ANNUAL RENEWAL WITH MEMBERSHIP DUES.

Name _____

Last 4 Digits of SS# _____ Date of Birth _____

NRDS ID# _____ Real Estate Board Affiliation _____

Home Address _____

City/State/Zip _____

Office Name _____

Office Address _____

City/State/Zip _____

Office Phone _____ Cell _____

Home Phone _____ REALTOR ® Since _____

E-mail Address _____

Preferred Mailing Address _____

Do you wish to receive non-Council mail?	Office	Home
	Yes	No

AGREEMENT OF APPLICANT

In making this application, and in consideration of joining the Council of Residential Specialists, I understand and agree to the following:

1. I represent and certify that, to the best of my knowledge and belief, all the information contained in this application is true and accurate as of the date of this application, and I understand that if this information is not true and accurate, this may be a reason for termination of membership.
2. I understand that as a General Member or Candidate I cannot use the CRS Designation until it has been awarded to me upon completion of the Designation requirements, and I have been notified in writing. Such misuse will be cause for summary termination of membership. I also understand that once I am awarded the CRS Designation, I must maintain my membership in good standing in the Council of Residential Specialists, including the payment of annual dues, to continue to hold and use the CRS Designation.
3. I irrevocably waive any claim or causal action of law or equity that I may have in the future against the Council of Residential Specialists, its Board of Directors, officers, committee members, chapter members, employees or other persons cooperating with the Council of Residential Specialists either as a group or individuals, for any act or failure to act in conjunction with my membership or the business of the Council of Residential Specialists.
4. If admitted to membership in the Council, I agree to abide by the Bylaws and Regulations as they currently exist and as they may be amended in the future by the Council, as well as such policies and procedures as the Council of Residential Specialists may promulgate from time to time.

Signature _____ Date _____

Yes, I would like to join the Council of Residential Specialists. Enclosed is my \$150* dues payment for twelve months of membership.

*Note: \$19.95 of my dues is applied to my annual subscription to The Residential Specialist Magazine. Electing not to receive the magazine does not reduce my dues rate. *Offer expires 12/31/11*

PAYMENT

Enclosed is my \$150 check payable to the **Council of Residential Specialists**.
Please bill my credit card Visa MasterCard American Express Discover

Name on Card: _____

Card Number: _____ Exp. Date _____

Note: Payments made by credit card will appear on your credit card billing statement under the name 'REALTOR Association/MLS' located in Chicago, Illinois