



MEMBERSHIP APPLICATION

Send completed form to:

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

Phone: 312.321.4400
Fax: 312.329.8551
Email: crshelp@crs.com

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

Name _____

Date of Birth _____ Number of Years in Real Estate _____

Home Address _____

City/Providence/Country/Postal Code _____

Office Name _____

Office Address _____

City/Providence/Country/Postal Code _____

Office Phone _____ Fax _____

Home Phone _____

E-mail Address _____

Website Address _____

Preferred Mailing Address _____ Office Home

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.
5. I hereby consent and agree to allow the Council of Residential Specialists to send faxes to my attention at the fax number(s) listed on this application.

Signature _____ Date _____

MEMBERSHIP APPLICATION & ANNUAL DUES

Enclosed is my required \$75 U.S. nonrefundable Membership Application. I understand that Annual dues are \$75 U.S. and are billed based on the calendar year (January – December). \$19.95 U.S. of my dues is applied to my annual subscription (online) to *The Residential Specialist Magazine*. Electing not to receive the magazine does not reduce my dues rate.

PAYMENT

- Enclosed is my \$75 U.S. check payable to the **Council of Residential Specialists**.
- Please bill \$ 75 U.S. to my credit card American Express Discover MasterCard Visa

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, IL