



Office Address: 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776; Office Phone #: 626-288-6212

## SECONDARY MEMBERSHIP

PLEASE PRINT AND COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE:

- Email it to [info@wsgvar.com](mailto:info@wsgvar.com), or
- Mail it to WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776, or
- Fax it to 626-288-7658.

Please check one of the boxes below to indicate what membership type that you would like to apply for:

- Designated Broker (REALTOR®) Membership. In name only (no services). Annual Fee: \$0. Your primary membership will be verified.
- Secondary MLS Broker Membership. In name only (no services). Annual Fee: \$0.
- Secondary REALTOR®/MLS Membership. Annual fee: \$120.

**Before joining WSGVAR as a secondary membership, your primary membership will be verified.**

Name (as shown on CalBRE License): _____			<input type="checkbox"/> Male	<input type="checkbox"/> Female
CalBRE License #: _____		Expiration Date: _____		
Office Name: _____		Office Phone #: _____		
Office Address: _____				CA
Street and Suite # _____		City _____	State _____	Zip Code _____
E-Mail: _____		Cell #: _____		
Home Address: _____				CA
Street and Suite # _____		City _____	State _____	Zip Code _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Broker Name: \_\_\_\_\_

**Please note that all billing is done ELECTRONICALLY. Ensure the email included in the application is legible and your recent account.**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_/\_\_\_/\_\_\_ Fee Received: \$ \_\_\_\_\_ Copy of CalBRE License: \_\_\_\_\_ Office #: \_\_\_\_\_  
 Member #: \_\_\_\_\_ Password: \_\_\_\_\_ Rapattoni: \_\_\_\_\_ CRMLS: \_\_\_\_\_ Clarity: \_\_\_\_\_ Supra: \_\_\_\_\_