



Council of Residential Specialists
The Proven Path To Success

REINSTATEMENT APPLICATION

Send completed form to:

Council of Residential Specialists
430 N. Michigan Ave, Chicago, IL 60611
Fax: 312.329.8551

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 _____

Fax _____ REALTOR® Since _____

E-mail Address _____

Preferred Mailing Address _____ Office Home
Do you wish to receive non-Council mail? Yes No

Verification of REALTOR® or REALTOR ASSOCIATE® Membership with a Local board or Association is required upon reinstatement.

REINSTATEMENT FEE

Enclosed is my required \$200.00* reinstatement fee which includes my 2012 Council dues.

PAYMENT

Enclosed is my 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 _____

Signature _____ 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.

Thank you for reinstating your Membership!

*Offer expires 9/30/12