



REINSTATEMENT APPLICATION

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

Name _____

SS # (last 4 digits only) _____ Date of Birth _____

NRDS ID# _____ Real Estate Board Affiliation _____

Home Address _____

City/State/Zip _____

Office Name _____

Office Address _____

City/State/Zip _____

Office Phone Fax _____

Home Phone _____ REALTOR® Since _____

E-mail Address _____

Preferred Mailing Address Office Home

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

I hereby consent and agree to allow the Council of Residential Specialists Yes No

to send faxes to my attention at the fax number(s) listed on this application

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

REINSTATEMENT FEE

Enclosed is my required \$170 reinstatement fee, which includes my current year's Council dues (reinstatements processed after October 1st are applied to the next year's Council dues).

Enclosed is my check payable to the **Council of Residential Specialists**.

Please bill my credit card American Express Discover MasterCard Visa

Name on Card _____ Total Amount **\$170** _____

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, IL.

THANK YOU FOR REINSTATING YOUR MEMBERSHIP!