



**SECONDARY MEMBER APPLICATION  
Cape Coral Chapter**

**Secondary Member Annual Dues: \$24.00**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Company Phone:** (\_\_\_\_) \_\_\_\_\_

**Fax:**(\_\_\_\_) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Birth date (Mo/Day):** \_\_\_\_\_ **Sponsored By:** \_\_\_\_\_

**I would like to volunteer for** \_\_\_\_\_

**Please call to let me know what you need help with:**      YES    NO

**Please call me about sponsorship opportunities:**      YES    NO

**METHOD OF PAYMENT**

Check for \$\_\_\_\_\_ payable **Women's Council of Realtors** enclosed

I made the payment online with PayPal from the website ([www.wcrcapecoral.org](http://www.wcrcapecoral.org))

Charge \$\_\_\_\_\_ to my

Visa       MasterCard

**Credit Card #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**SEND APPLICATION TO:  
WCR Cape Coral Chapter  
VP of Membership  
PO Box 100265, Cape Coral, FL 33910  
or  
Fax: 239-574-8810**