

NICAR 2010 Secondary New Member Invoice

214 N. Hale Street
Wheaton, IL 60187
Phone: 630-510-4566
Fax: 630-510-4501
www.nicar.com



Please fill out information completely below
(Please Print)

First Name _____ Last Name _____

License Number: _____ NRDS Number: _____

Name of Firm: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

I wish my mail to be sent to my (check one) Office Home. If mailing address is different from above, indicate your mailing address below:

(Street, Suite or Other) _____

City: _____ State: _____ Zip: _____

Facsimile Consent: I understand that by providing the facsimile number set forth above, I hereby consent to receive facsimile communications sent by or on behalf of NICAR and its affiliates. Name of person providing consent; sign here: _____

Please have your Designated Realtor® or Managing Broker of the office print and sign name below (Mandatory) _____

Every New Member needs to be approved by the NICAR Board of Directors. The NICAR Board meets every other month and the meetings are usually held on the third Tuesday of every other month.
(Subject to Change)

Month Approved	_____
NICAR Dues	\$ 75.00 (no pro-ration)
Voluntary Contribution for RPAC/IMPAC	\$ 50.00
Total Payment Enclosed	\$ _____

(Mandatory) As a secondary NICAR member, your IAR and NAR dues are paid through another realty board. Please list that board name: _____

Payment Method: Check VISA or MasterCard **(We do not accept any other Credit Cards)**

Cardholder Name _____

Card Number _____ Expiration Date _____

Cardholder Signature _____

**Please return a copy of this invoice with payment to:
NICAR, 214 N. Hale, Wheaton, IL 60187
Fax credit card payment to: 630-510-4501**