



# 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 \_\_\_\_\_ 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  Yes

Specialists 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 2009 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!**