



# 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) \_\_\_\_\_ 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 to send faxes to my attention at the fax number(s) listed on this application  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 \$170 reinstatement fee, which includes my current year's Council dues (reinstatements processed after October 1<sup>st</sup> are applied to the next year's Council dues).

**PAYMENT**

Enclosed is my check payable to the **Council of Residential Specialists.**  
 Please bill my credit card  American Express  Discover  MasterCard  Visa

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!**