



WE PUT OUR MEMBERS FIRST

REINSTATEMENT FORM

WITHIN 6 MONTHS AFTER TERMINATION
PROCESSING FEE: \$25

Instructions:

- **Email:** Complete, save, and email the form to info@wsgvar.com.
- **Mail:** Complete, print, mail the form to **WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776**
- **Fax:** Complete, print, fax the form to WSGVAR at **626-288-7658**

PERSONAL INFORMATION

Name: _____ Member #: _____
R.E. License #: _____ Expiration Date: _____
Social Security #: _____ E-mail: _____
Member Signature: _____ Date: _____

OFFICE INFORMATION

Broker Name: _____ Office: _____
Address: _____
Phone: _____ Fax: _____
Broker Signature: _____ Date: _____

FOR ASSOCIATION OFFICE USE ONLY

Date Received: _____ Fee Received: _____ Office #: _____ Member #: _____
Magic: _____ CRMLS: _____ SUPRA: _____