



APPLICATION FOR APPRAISAL OFFICE MEMBERSHIP
TO BE COMPLETED BY OWNER, CORPORATE OFFICER OR BRANCH MANAGER

Name of Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Type of Company: Sole Proprietorship Partnership Corporation S Corporation LLC

Tax ID: _____

Position with Firm: Principal Partner Corporate Officer Branch Office Manager

State the names and titles of all other principals, partners, and/or corporate officers of your firm.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Have you ever been refused membership in any other Association of REALTORS®? Yes No

If yes, state the basis for each such refusal and detail the circumstances related thereto:

Is the office address listed above your principal place of business? Yes No

If no, please provide address of principal place of business:

Have you or the firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime.

If yes, provide details.

I understand that I am responsible for all applicable fees and dues of ALL Agents employed in any form by the above applicant Office. I agree to notify the Association Office of any hire or sever actions within ten (10) days as they occur.

I agree that no other Individuals or Offices will be allowed access to mine, or any of my employee's personal WARDEX log-on or user name information. . I further agree that I will not distribute in any form or manner, proprietary information collected from WARDEX to any other Individual, Agent, Appraiser, or Office

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____

Date: _____

Title: _____

*Revised by KGVAR—June 2013

*Amended by KGVAR—September 2016