

New Office Application
For Membership in the
Northern Arizona Association of REALTORS®

ALL fields are required

Office Name (legal): _____

Office Name (to show on Roster): _____

Office Address: _____

Office Phone(s) (main, fax, other): _____

Office R.E. license #: _____ Tax ID #: _____

E-Mail Address: _____

Web Address: _____

Is the Broker/Responsible Party the main contact for this office? Yes No

Do you have an unlicensed support staff? Yes No

Broker/Responsible Party Name: _____

Position with firm: { } Principal { } Branch Office Manager
 { } Partner { } Corporate Officer

Is this Office currently a member of another board or association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or has it held membership in another board or association within the past three (3) years? Yes No

If "yes**," list each board and association where membership was held and approximate dates of membership.

** A letter of Good Standing from your primary board/association is required to be submitted with this application.

Broker/Responsible Party Signature: _____ Date: _____

Internal Use ONLY

MLS Office ID: _____ NRDS ID: _____

AMS ____ NRDS ____ Supra ____ List Server ____ Ap Fee ____ Primary ____ Secondary ____ .