## APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2

## FOR DESIGNATED BROKERS/BRANCH MANAGERS

	xecutive Vice President
Date:	
FOR OFFICE USE ONLY:  MEMBERSHIP COMMITTEE APPROVAL:	
FOR OFFICE LISE ONLY:	
Dated:Signature:	
Dated	
Foundation), may contact me at the specified address, telephone number communication available. This consent applies to changes in contact in in the future. This consent recognizes that certain state and federal law receive all communications as part of my membership.	rs, fax numbers, e-mail address, or other means of formation that may be provided by me to the Association(s)
By signing below I consent that the REALTOR® Assocations (local, stat	
I hereby certify that the foregoing information furnished by me is true as accurate information as requested, or any misstatement of fact, shall be further agree that, if accepted for membership in the Association, I shall NOTE: Payments to the Greeley Area REALTOR® Association are not may, however, be deductible as an ordinary and necessary business exp	grounds for revocation of my membership if granted. I pay the fees and dues as from time to time established. deductible as charitable contributions. Such payments
Have you or your firm been convicted, adjudged, or otherwise recorded jurisdiction of a felony or other crime. If yes, provide details:	as guilty by a final judgment of any court of competent
Have you or your firm been found in violation of state real estate licensi If yes, provide details:	ng regulations within the last three years? ☐ Yes ☐ No
Do you hold, or have you ever held, a real estate license in any other sta If so, where:	te?  \[ Yes \] No
Is the Office Address, as stated, your principal place of business?	
If yes, state the basis for each such refusal and detail the circumstances i	elated thereto:
Have you ever been refused membership in any other Association of RE	
Your Position: $\square$ Principal $\square$ Partner $\square$ Corporate Office $\square$ Bunames of other Partners/Officers of this firm:	ranch Office Manager
Company information: $\square$ Sole Proprietor $\square$ Partnership $\square$ Corpo	ration



819 II St • Greeley, CO 80631 • 970-353-8884 • Fax: 970-353-9

## **OFFICE APPLICATION**

OFFICE NAME:			
OFFICE ADDRESS:			
CITY	STATE:	ZIP CODE:	
OFFICE PHONE #:	OFFICE	FAX #:	
EMPLOYING BROKER:			
E-MAIL ADDRESS:			
WEBSITE:			
BROKER LICENSE #:	BROKER NRDS #		
COMPANY Real Estate LICENSE #	:		
COMPANY NRDS ID#:		(if known)	
PRINCIPALS:			_
I,	, Emplo laws. I further unde incurred as a member of ion. It is my voluntar LTOR® Association a	rstand and agree to personal obtaining the services and/or ry choice, being and remaining agreeing to arbitrate any dis	rm to the Greeley ally guarantee the products from the ng a REALTOR® eputes with fellow
Employing Broker		Application	Date
FOR OFFICE USE ONLY:			
Approved by Membership Committee	<b>:</b> :		
Approved by Board of Directors:			