



NEW OFFICE/FIRM APPLICATION

****\$300 Application Fee and a copy of your State of Michigan License MUST accompany this form****

RETURN COMPLETED APPLICATION TO ERIN@WMLAR.COM

Company information:

Office Name _____

State License # _____

Corporate Name, if different than office name _____

Office Address _____ NRDS # _____

City _____ State _____ ZIP _____

Office Phone (____) _____ Office Fax (____) _____

Billing Address _____

City _____ State _____ ZIP _____

Primary Board _____ Secondary Board _____

Designated REALTOR _____

Office Manager _____

Broker Assistant? Y ____ N ____ Name _____

Email Address _____

Website _____

SENTRILOCK - Opt In ____ Opt Out ____

Current # of Listings _____

Company information:

Sole Proprietor Partnership Corporation LLC (Limited Liability Company)
 Other, specify: _____

Your position:

Principal Partner Corporate Officer Majority Shareholder Branch Office Manager
 Nonprincipal Licensee

Names of other Partners/Officers of your firm: _____

Is the Office Address, as stated, your principal place of business? **Yes** **No**

If not, or if you have any branch offices, please indicate and give addresses: _____

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? If yes, attach details: _____

Have you or your firm been convicted of a felony or other crime? If yes, attach details: _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I further agree that, if accepted for membership in the Association I shall pay the fees and dues as from time to time established. **NOTE:** Payments to West Michigan Lakeshore Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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 a part of my membership.

PRINT CLEARLY

Broker's Name _____

Broker's Signature _____

Date _____, 20____

(Amended 07/2018)