



### 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 (\_\_\_\_) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Billing Email \_\_\_\_\_

Primary Board \_\_\_\_\_ Secondary Board \_\_\_\_\_

Designated REALTOR \_\_\_\_\_

Office Manager \_\_\_\_\_

Broker Assistant? [ ] Yes [ ] No 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?  **Yes**     **No** 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** \_\_\_\_\_