



Application for REALTOR®/Appraiser Office

Name of Company: _____

Office License #: _____

Designated REALTOR®: _____

Business Address: _____

City, State, Zip: _____

Billing Address, (if different): _____

City, State, Zip: _____

Phone #: _____ Fax #: _____ Other #: _____

E-mail Address: _____ Web Page: _____

Are you a member of another Association/Board? _____

Association/Board Name: _____

Will this be your Primary or Secondary Association/Board? _____

I have read, understand, accept and agree to abide by and faithfully observe the By-laws, the Code of Ethics, and the Standards of Practice of the NATIONAL ASSOCIATION OF REALTORS® as adopted by the Northern Wasatch Association of REALTORS®.

Signature: _____

Date: _____