

7151 W Clearwater Ave - Kennewick, WA 99336 Ph: (509) 783-2184 - Please scan and email to Rosalyn@realtoramc.com

Application for REALTOR	[®] Membership	
FIRST NAME:	MI: _	LAST NAME:
HOME ADDRESS:		
PHONE:	LAST 4 OF S	SSN: LICENSE#:
EMAIL:		NRDS#:
COMPANY NAME:		
COMPANY ADDRESS:		
PREFERRED MAILING ADDRESS (CIRCLE ONE): HOME OR OFFICE		
DESIGNATED BROKER BRANCH MANAGER BROKER APPRAISER		
DESIGNATIONS HELD: HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER CRIME? YES ONO O		
ARE YOU CURRENTLY A I	MEMBER TO ANY O	THER REALTOR® ASSOCIATION? YES \(\) NO \(\)
IF SO, WHICH ONE?		
Rules and Regulations of of Ethics of the National Accontroversies arising out Ethics. I further agree the about my application from conditions of my accepta will receive a copy of the	TCAR, the State and Association of REALT of real estate transa at the Association m any other membence for membership TCAR Bylaws, Code	I will abide by the Constitution, Bylaws and MLS National Associations and will abide by the Code TORS®, including the obligation to arbitrate actions as specified under Article 17 of the Code of any invite and receive information and comment or person, and that I will meet any other as may be required by the Board of Directors. I of Ethics and Rules and Regulations referred to derstand the other documents are available online.
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