

FIRM MEMBERSHIP APPLICATION

*A Membership application must also be filled out and returned with the principal broker's information

Please type or print; complete all applicable spaces. DPOR documentation required.

Firm Name: (as on your license)			
Firm Lic. #:	_ Firm Lic. Exp. Date:	_//	
Firm Street Address:			
City:		State:	_Zip:
Firm Mailing Address (if different from above) :			
City:		State:	_Zip:
Firm Phone:	Firm Fax:		
Firm Email Address:	Website:		
Firm Principal/Managing Broker:			
Principal/Managing Broker's Lic. #:			
Has this firm ever been a member of a REALTOR® Association? \Box	Yes 🗆 No (If Yes, list Assoc	ciations:)
PLEASE INDICATE YOUR FIRM'S SPECIALTIES:			
☐ Residential Sales (existing homes) ☐ Residential Sales (new co	onstruction) \square Commerc	cial Sales/Leasing	☐ Land Sales
	Managamant D Othan (n)	oogo ovnloin):	
☐ Development ☐ Farm & Estates ☐ Appraisal ☐ Property	management \square Other (pi	ease explain)	
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Please email info@svarealtors.com to submit your application