



*Your Trusted Real Estate Resource*

**NEW OFFICE APPLICATION**

P O BOX 1000 \* 23280 COUNTY ROAD 65 \* ROBERTSDALE, AL 36567

Phone 251-947-3777 \* Fax 251-947-3788

Office Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Office Type:  Affiliate  Appraiser  Realty

Office Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Office Designated REALTOR: \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Real Estate License # \_\_\_\_\_ NRDS # \_\_\_\_\_

Accounting (QB) Contact: \_\_\_\_\_ Accounting Email: \_\_\_\_\_

NRDS Join Date: \_\_\_\_\_ NRDS Office Status Date: \_\_\_\_\_

Primary Assoc: \_\_\_\_\_ Primary State Assoc: \_\_\_\_\_

NRDS Member Status:  Primary  Secondary  MLS Only

I acknowledge that as the broker I assume financial responsibility for the Office Account listed above. This includes any agents licensed under this office. I acknowledge that, upon nonpayment of the above office account, I will no longer be a member in good standing and will not be allowed further Association services without payment in full of the above office account. I understand that this includes use of the Multiple Listing Service. In the event of nonpayment of services I understand that my account can be turned over for collections and I agree to any fees that will be incurred as a result of collection activities.

\_\_\_\_\_  
Designated REALTOR® Signature (required to process) Date

*\*All fields required. If form is received incomplete, or submitted without fees it will be rejected. Contact Association for fee amount.*