

# Lakeway Area Association of REALTORS®

## FIRM APPLICATION

The information below is requested to allow access to the LAAR MLS System. By providing this information and signing, you are further agreeing to abide by the Rules & Regulations and MLS Policies & Procedures of the Lakeway Area Association of REALTORS® MLS.

Name of Firm: \_\_\_\_\_

Firm License number: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Principal Broker's Name: \_\_\_\_\_ PB License Number: \_\_\_\_\_

E-mail of Principal Broker: \_\_\_\_\_ Web Address: \_\_\_\_\_

Check whether:  Individual  DBA  Partnership  Corporation  LLC

State position with Firm:  Principal  Partner  Corporate Office  Trustee  Employee  
 Independent Contractor  Other

If "other", explain: \_\_\_\_\_

Are you actively engaged in the real estate business?  Yes  No

State the name of each Principal, Partner, Corporate Officer or Trustee of your firm:

\_\_\_\_\_

I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the above information and return it to the Association Office with your payment.**