



Application for Realtor Participant Subscription with the *Kentucky Real Estate Professionals Network*

Name		License #
With which REALTOR® Association do you have your primary Realtor membership?		
Location of the Association (City and State)		NRD'S Number (optional)
Personal Address		
Mailing Address if Other than Shown Above		Preferred Mailing Address: <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Mailing
Cell Phone Number	Email	
Name as you would like for it appear on roster.		Preferred Password

Application for Participant Subscription

I hereby apply for a Realtor participant subscription with the Kentucky Real Estate Professionals Network, Inc. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my participant subscription, if granted. All applications are subject to review and approval. I further agree that, if accepted, I shall pay the fees annually, as established.

This participant subscription provides access to the listing service utilized by Kentucky Real Estate Professionals Network, Inc. The term of the subscription will be for one year. I commit to keep my username and password confidential. Violation will result in termination of the subscription.

I confirm that I am a member, in good standing, of a REALTOR® association and that my broker has authorized my listing participation with the Kentucky Real Estate Professionals Network.

My initial and continued payment of fees will serve as confirmation of my active membership with a REALTOR® association. Termination of the participant subscription will occur if membership with a REALTOR® association is discontinued.

I commit to abide by the REALTOR® Code of Ethics and the Kentucky Real Estate Professional Network Listing Regulations.

Subscription rates in the amount of \$500 are based on an annual period that starts from the month approved. I acknowledge that dues and fees are non-refundable. Payment plan agreements are for my convenience and do not negate or reduce the full liability.

My signature below certifies that I have read and agree to the terms and conditions and that all information provided on my application is true and correct.

Signature: _____ Date: _____