



Office Application

Date _____

I am applying for REALTOR Office I am applying for Appraiser Office

Personal Information

Name:		
Home Address:		
City:	State:	Zip:
Phone Number:	Email:	

Professional Information

Firm Name:		
Firm Physical Address:	Mailing:	
City:	State:	Zip:
Office Phone Number:	Website:	
License Number:	Type of Business:	
Title or Position with Firm:	Licensed in Nevada Since:	
Designations Held:		

Type of office membership you are applying for with SNR? Primary Secondary

Has your office ever been a member of any other Board/Association? Yes No

If yes, please provide the office NRDS (National) #: _____

If you would also like to have your office manager receive emails from us, please provide that email below

I am enclosing \$500 for consideration of my **REALTOR® Office** membership application*.

I am enclosing \$300 for consideration of my **Appraiser Office** membership application*.

* Office fees are non-refundable.

Signature _____

For Office Use Only

New Reinstatement

Assigned NRDS #: _____

Rap

NRDS

Supra

NNRMLS

Const cnt