



**APPRAISER APPLICATION DATA SHEET**  
ALL INFORMATION IS REQUIRED – PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_  
AS SHOWN ON LICENSE

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Main Phone # (to appear on listings): \_\_\_\_\_

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

Appraiser License Number: \_\_\_\_\_

State: \_\_\_\_\_

Do you currently or have you EVER belonged to another Association?  Yes  No

If yes, where? \_\_\_\_\_  Current Member

NRDS Number: \_\_\_\_\_

Preferred Mailing Address:  Home  Office SUPRA eKey 4 digit pin#: \_\_\_\_\_

**For WARDEX Access**

User Name (up to 8 characters): \_\_\_\_\_

Password: temp password will be given  
(the first time you log in, you will be prompted to update your password)

**FIRM/OFFICE INFORMATION**

Firm/ Office Name: \_\_\_\_\_

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

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

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

Date Hired by Firm: \_\_\_\_\_

NOTE: ONCE ALL REQUIRED SIGNATURES HAVE BEEN OBTAINED, PLEASE SUBMIT TO KGVAR



**APPLICATION FOR APPRAISER MEMBERSHIP**  
ALL INFORMATION IS REQUIRED – PLEASE PRINT LEGIBLY

To: KINGMAN/GOLDEN VALLEY ASSOCIATION OF REALTORS®

I hereby apply for Appraiser Membership in the Kingman/Golden Valley Association of REALTORS® (hereinafter KGVAR). My Application Fee and Annual Dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Bylaws, Rules & Regulations, and Policy Statements of the KGVAR and WARDEX. If required, I further agree that I will satisfactorily complete a reasonable and non-discriminatory written examination on such Bylaws, Rules & Regulations, and Policy Statements. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should requirements not be completed within the timeframe established within the Association’s Bylaws and Policy Statements.

I hereby submit the following information for consideration:

Name (AS SHOWN ON LICENSE): \_\_\_\_\_

Nickname: \_\_\_\_\_

Appraiser License Number: \_\_\_\_\_ State: \_\_\_\_\_

Licensed/Certified Appraiser:  Yes  No

**Provide all addresses and phone numbers. Check boxes for primary contacts:**

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

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Are you currently a Member of another Board or Association, which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you previously held Membership in another Board or Association (within the past 3 years)?  
 Yes  No

If "yes", please list each Board and Association where Membership was held, type of Membership held, and approximate dates of Membership.

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If you are now or have ever been a REALTOR®, indicate your NRDS number: \_\_\_\_\_

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 membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Kingman/Golden Valley Association of REALTORS® are not deductible as charitable contributions. However, such payments may be deductible as an ordinary and necessary business expense. No refunds.

I agree that no other Individuals or Offices will be allowed access to my personal WARDEX log-on, or user name information. I further agree that I will not distribute in any form or manner, proprietary information collected from WARDEX to any other Individual, Agent, Appraiser, or Office.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specialty:

Residential       Commercial       Resort       International       Other \_\_\_\_\_

How long with current appraiser: \_\_\_\_\_ Years in appraisal business: \_\_\_\_\_

\*Amended by KGVAR—January 2016  
\*Amended by KGVAR—April 2016  
\*Amended by KGVAR—September 2016