

KENT COUNTY ASSOCIATION OF REALTORS®
860 SILVER LAKE BLVD, SUITE 150, DOVER, DE 19904
REAL ESTATE OFFICE APPLICATION

Office Business Name: _____

Business Address: _____

Office Phone: _____

Office Fax: _____

Broker of Record: _____

Broker's License #: _____

Corporate Tax ID (EIN): _____

Office License #: _____

Office Contact (DR): _____

Office Contact Manager: _____

Email Address (DR): _____

Website: _____

Branch Type (Check One): Main Branch Single

Non-Member Salesperson Count: _____

Are you currently a member of another REALTOR® Board/Association?

Yes No **If yes, name of the Primary REALTOR® Board/Association:** _____

Has your real estate license, in this or any other state, ever been suspended or revoked?

Yes No **If yes, please attach an explanation and specify the place(s) and date(s) of such action.**

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

KCAR REAL ESTATE OFFICE APPLICATION FEE: \$50

Signature of Applicant

Date