

THE KNOXVILLE AREA ASSOCIATION OF REALTORS®
609 Weisgarber, Road, Knoxville, TN 37919
865-584-8647

**COOPERATING AFFILIATE MLS MEMBERSHIP APPLICATION
TO THE MLS LOCKBOX PROGRAM**

NAME : _____ License/Certification # _____

Name of Company _____

Address of Company: _____

Phone number: _____ Fax # _____

E-Mail Address: _____

What business are you licensed/certified in? () Home Inspector () Pest Control Inspector () Appraiser

Lock Box Key Issued by _____
Association Name

Lock Box Key # _____ Pin Code _____

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.

Signature of Cooperative Affiliate MLS Applicant

(Date)