DESIGNATED REALTORâ APPLICATION
KNOXVILLE AREA ASSOCIATION OF REALTORSâ

Name of Firm: _____

Firm license number: _____

Address of firm: _____

Phone number : _____ Fax # _____

E-Mail Address: _____

Check whether: ( ) Individual ( ) DBA ( ) Partnership ( ) Corporation ( ) LLC

State position with firm: ( ) Principal ( ) Partner ( ) Corporate Office ( ) Trustee
( ) Employee ( ) Independent Contractor ( ) Other
If "other", explain: _____

Does your office comply with zoning requirements for your location? ( ) Yes ( ) No

Are you actively engaged in the real estate business? ( ) Yes ( ) No

Do you hold yourself out to the general public as being actively engaged in the real estate business? ( ) Yes ( ) No

In what other businesses have you been engaged?

_____ from _____, at _____
(date) (City)
_____ from _____, at _____
(date) (City)
_____ from _____, at _____
(date) (City)

State the name of each Principal, Partner, Corporate Officer or Trustee of your firm. Give the names of Senior Partners of Officers first:

_____
_____

Give name of Institution(s) in which you maintain your escrow or trustee account _____
_____

You are authorized to refer to the following members of this association who know me.

_____
(name) (address) (phone)
_____
(name) (address) (phone)

Personal and Credit References:

Bank: _____

Others: _____

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

Signature of Applicant _____ Date _____