

APPLICATION FOR APPRAISAL/ASSOCIATE MEMBERSHIP

Firm Name: _____ (the "Applicant") 1

Doing Business As (dba): _____ 2

Business is: (check one) Corporation Partnership 3

Sole Proprietorship L. L. C. 4

Please attach a copy of your business license and Appraisal License (if applicable). 5

Representative's Name: _____ 6

Business Street Address: _____ 7

Street

City

_____ 8

County

State

Zip

residential or commercial address? 9

Business Mailing Address: _____ 10

Street

City

_____ 11

County

State

Zip

Phone: _____ 12

Phone

Fax

E-Mail Address: _____ 13

Type of Business (describe): _____ 14

If Appraisal, include copy of Representative's Appraisal Certificate

Owner of Firm: _____ 15

The Applicant: (1) certifies that the above is true and correct; (2) understands that Associate Members have no proprietary interest in NWMLS; cannot vote; and may attend membership meetings only with permission; (3) acknowledges Memberships are not transferable and Associate Members are not entitled to any NWMLS services except as provided in NWMLS' Rules and Regulations, Rules 76 - 86 and 180 - 195; and (4) agrees to comply with NWMLS Bylaws and Rules as presently in effect and as amended in the future 20

DATE: _____ 21

Signature of Company Owner 22

By: _____
Signature of Representative 23