

Date Received: \_

## Non-Member Salesperson Application

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 - 7340 | Fax: (734) 747 - 7377

Email: realtors@AAABoR.com | Website: www.AAABoR.com

Name:	Effective Date:				
Home Address:	City:	·	Zip-Co	ode:	
Cell Phone #:	List this	phone in Directory	? Yes	No	
Real Estate License #:	Date Issued:				
Email Address:	Web	site:			
Are you a member of another board? Yes	No	If yes, which one	e?		
nderstand that as a non-member salesperso annot use the REALTOR® trademark or trade deral law and is strictly enforced by the Natio	emarked sy nal Associa	mbol. Unauthorize tion of REALTORS	d use of the	ne tradema	arks is a violation of
Applicant's Signature:			Date		
Office Name:		Broker Code	e:		
Office Address:	_ City:		Zip	:	
Office Phone #:	0	ffice Fax #:			
Broker Name (Please enter or PRINT):					
I understand that as the Broker/DR of the above for the month in which this non-member sales for any and all financial debts this licensee most ethical conduct. Any charge of violation of the and I will be responsible for any and all discipancy receive MLS services, but has no voting proceed REALTOR®. Use of the trademark is strictly end	person is lid by incur. I fu Code of Eth linary action rivileges, no	ensed to my office of the control of	and that I t nat I am re nsee will be licensee. Th ges / servio	will be pers sponsible for tiled with this non-men tes and car	sonally responsible or this licensee's me as a respondent mber salesperson
Broker Signature:		!	Date		

Date Effective:



## **Payment Sheet**

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Email: realtors@AAABoR.com | Website: www.AAABoR.com

Method of Payment:		
<b>O</b> Cash	<b>O</b> Visa	OAmerican Express
<b>O</b> Check #	<b>O</b> MasterCard	
O Personal Credit Card	OCompany Credit Card	<b>O</b> Discover
Card #	Exp. Date	Amount
Name on Card (Please enter or PRINT)		
Signature		