

Lakeway Area Association of REALTORS®

FIRM APPLICATION

The information below is requested to allow access to the LAAR MLS System. By providing this information and signing, you are further agreeing to abide by the Rules & Regulations and MLS Policies & Procedures of the Lakeway Area Association of REALTORS® MLS.

Name of Firm: _____

Firm License number: _____

Address of Firm: _____

City, State & Zip: _____

Phone Number: _____ Fax #: _____

Principal Broker's Name: _____ PB License Number: _____

E-mail of Principal Broker: _____ Web Address: _____

Check whether: Individual DBA Partnership Corporation LLC

State position with Firm: Principal Partner Corporate Office Trustee Employee
 Independent Contractor Other

If "other", explain: _____

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

State the name of each Principal, Partner, Corporate Officer or Trustee of your firm:

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 _____

Please complete the above information and return it to the Association Office with your payment.