

# Broker Agreement Membership Form

- New Member       Transfer Offices       Termination  
 New Company       New Appraiser       Other \_\_\_\_\_  
 Change Contact Information

Name: \_\_\_\_\_ New Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_ Webpage: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Last Four SSN# \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_ Webpage: \_\_\_\_\_

Would you like your mail sent to (circle one): Home or Office

## Broker Signatures

### Transfers and Terminations:

Terminating Company: \_\_\_\_\_

Broker Signature \_\_\_\_\_ Date: \_\_\_\_\_

### New Members and Transfers

New Company: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For UCAR Use Only:

Received By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Fees Paid \$ \_\_\_\_\_

RAP  Check A/R \_\_\_\_\_ Create transfer fee Invoice \_\_\_\_\_

Member # \_\_\_\_\_ NRDS# \_\_\_\_\_