



New Firm Application

Date: _____

Name as shown on Broker license: _____

Firm Name: _____

Firm Address: _____

Firm Phone: _____

Principal Broker: _____

Designated Broker: _____ Website: _____

E-Mail: _____

Company information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)

Your position: Principal Partner / Corporate Officer / Branch/ Office Manager

Print name of Designated Broker: _____ Date: _____

Signature of Designated Broker: _____ Date: _____

Dues Paid:

KWAR Application Fee _____

*The Firm/Branch fees are a one-time administration fee. In the second year of membership, you will be responsible for membership dues only.

<u>OFFICE USE ONLY</u>	
NRDS # _____	
___ NAVICA	___ Paid _____
___ NRDS	___ Welcome Letter
___ QB	
___ MAIL CHIMP	
___ NEW MEMBER LIST	
___ ORIENTATION	