



Non-Member Salesperson Application / Cancellation Form

O: 434-817-2227 | F: 434-817-2836

Email: Membership@caar.com

SECTION I: Non-member salesperson membership

Name (on license): _____ Nickname: _____

Firm Name: _____ Branch Office, if applies: _____

License#: _____ License Exp. Date: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Mobile: _____ Home: _____ Text: Y N

Email Address: _____

Licensee and Broker's Acknowledgment

I understand that this is an information sheet only and does not constitute an application for membership in the Charlottesville Area Association of REALTORS®, lockbox key service nor the MLS.

Licensee Signature: _____ Date: _____

I understand that as Principal Broker I am assessed an amount, to be determined annually by the Board of Directors, for each licensee affiliated with my firm who is not a REALTOR® and that all fees for the licensee named above will be billed directly to me.

Further, if the above-named individual needs support staff access to the MLS, I agree to register this person using a Support Staff Application.

Broker's Signature: _____ Date: _____

SECTION II: Cancel NMS Membership, please fill out:

NMS Name: _____ Firm: _____

Effective Cancellation Date: _____ (Cannot be dated before this form is received)

Broker signature: _____ Date: _____