

## **Application for Appraiser Membership**

I hereby apply for Appraiser Membership with the Arcadia Association of Realtors<sup>®</sup>. I understand this application is not a guarantee of membership and that I will be notified if my membership is not accepted.

| Items needed upon application: Government Issue   | ed ID                                     |                                |
|---|---|--------------------------------|
| I hereby submit the following information for your consideration  | :   | LICENSE #:                     |
| Name of firm:   |   |                                |
| Firm Address:   |   |                                |
| Firm Phone#:  | Fax:                                      |                                |
| Cell Phone#:  |   |                                |
| Email Address:  |   |                                |
| Name of Applicant:  |   |                                |
| Company Website:  |   |                                |
| <ul> <li>Benefits:</li> <li>Appraisal access to CRMLS</li> <li>Introduce yourself and your company at the Weekly virtual I</li> <li>Participate in sponsorship opportunities for classes/events</li> <li>Participate in various committees</li> </ul> | MLS Marketing M                           | eetings                        |
| I agree to pay the established fees as long as I remain a member  | of this Associatio                        | on, and understand the office  |
| set-up fee is \$ and quarterly CRMLS fee of \$  |   |                                |
| Credit Card#:   | CID#:                                     | Expiration Date:               |
| *Appraiser members do not have access to Supra eKey.  |   |                                |
| Authorized & Certi<br>As an Applicant for membership in the within named Association,<br>true and correct, and I authorize said Association through its repre<br>recognized credit or other channels as may be considered advisab                     | l certify that the a<br>esentatives to ma | ke such investigations through |
| Signature:  |   | Date:                          |