

REALTOR® OFFICE MEMBERSHIP APPLICATION

Anchorage Board of REALTORS®

PO Box 241414
Anchorage AK 99524
(907) 917-8035
members@ancboard.com



Thank you for your interest in joining the REALTOR® family. Please complete this form and submit to our office by email at members@ancboard.com.

Please remember, licensees who join your brokerage have 10-days to submit a membership application to our office, from the date their Alaska Real Estate license became effective with your brokerage. Thank you in advance for your assistance.

To the Anchorage Board of REALTORS®(ABR), I hereby apply for a REALTOR® Office Membership:

APPLICATION FOR:

NEW OFFICE MEMBER SECONDARY MEMBER UPDATE CONTACT INFO

BROKERAGE/
OFFICE NAME

OFFICE LOCATION/
PHYSICAL ADDRESS CITY STATE ZIP
CODE

MAILING
ADDRESS CITY STATE ZIP
SAME AS OFFICE LOCATION CODE

BROKER NAME BROKERAGE WEB
SITE ADDRESS

MAIN OFFICE OFFICE GENERAL CONTACT EMAIL
PHONE NUMBER ADDRESS

BROKER CONTACT BROKER CONTACT EMAIL ADDRESS
PHONE NUMBER

ALASKA REAL ESTATE LICENSE OFFICE HOW MANY LICENSEES' DO YOU
NUMBER & DATE ISSUED ANTICIPATE IN YOUR OFFICE

HAS THIS OFFICE, WITH THE NAME ABOVE, BEEN A NO IF YES,
MEMBER OF ABR OR NAR IN THE PAST? WHEN

NAR OFFICE NRDS
NUMBER (IF KNOWN)

PLEASE LIST BELOW, ADDITIONAL ASSOCIATES IN YOUR OFFICE THAT WE MAY CONTACT, MANAGING BROKER, ASSOCIATE BROKER, OFFICE MANAGER, BILLING, ETC.

ADDITIONAL CONTACT NAME EMAIL POSITION

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Certification. I certify and acknowledge that I will abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and will further abide by the Constitution, Bylaws and Rules and Regulations of the Anchorage Board of REALTORS® (ABR), Alaska REALTORS® (AR), and the National Association of REALTORS®.

BROKER'S SIGNATURE

DATE

AE USE ONLY

SOA _____ | NRDS ENTERED | EMAIL CC | NRDS OFFICE No _____