

Charlottesville, VA 22901

| Name (on license):  |                            | Nickname:      |                                 |
|---|----------------------------|----------------|---------------------------------|
| Firm Name:  |                            | Branch Office: |                                 |
| License#:   |                            | License E      | xp. Date:                       |
|   | Please attach a copy of ye | our license    |                                 |
| Home Address:   |                            |                |                                 |
| City:   | State:                     | Zi             | p:                              |
| Home Phone:   | Mobile:                    |                |                                 |
| Licensee and Broker's Acknowled   | gment                      |                |                                 |
| I understand that this is an information in the Charlottesville Area Association  | •                          |                | 11 1                            |
| Licensee Signature:   |                            |                | Date:                           |
| I understand that as Principal Broker<br>of Directors, for each licensee affilia<br>licensee named above will be billed | ted with my firm who       |                |                                 |
| Further, if the above-named individu<br>person using a Support Staff Registre   | 11                         | access to the  | e MLS, I agree to register this |
| Broker's Signature:   |                            |                | Date:                           |
|   |                            |                |                                 |
|   |                            |                |                                 |
| Charlottesville Area Association of 550 Hillsdale Drive   | f REALTORS®                | Phone:<br>Fax: | 434-817-2227<br>434-817-2836    |

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**Email:**