



Greater Las Vegas Association of REALTORS®
1750 E Sahara Avenue
Las Vegas, Nevada 89104

For Official Use Only



702.784.5000
Fax # 702.732.1304
Web Page: LasVegasRealtor.com

Agent # _____
 Firm # _____
 Broker Code _____
 Office Id # _____

 Cash _____ Check _____
 MO _____ Cr. Card _____

 By: _____

DESIGNATED REALTOR® APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE THIS FORM IN DETAIL

DATE: _____

1. Please Check: MLS or CLS or Both MLS & CLS or non-MLS or CLS
2. Name of Designated Realtor® _____
3. Name of Firm _____
 Street Address _____ Mailing _____
 City/St/Zip _____ City/St/Zip _____
 Office Phone _____ Office Fax _____
 Email Address _____ Web Site _____
4. Please indicate specialty: (check all that apply)
 Residential Commercial Property Mgmt Appraisal
 Other (describe) _____
5. Please check business type:
 Corporation LLC Partnership Franchise Sole Proprietor
6. Name of Broker/Owner for the office and indicate their present status with the GLVAR
 Owner: _____ Status: GLVAR Member or non-Member
 Broker: _____
7. Name of Office Manager and/or names of licensees authorized to sign listings.
 Name: _____ Name: _____
8. Name or names of licensees associated with the office and indicate their present status with the GLVAR. If they are transferring from a different office, please submit an "office transfer and drop notice form" to the Association with the proper fees. If they are not members, they and any additional licensees joining your firm, have 45 days from the issue date on their license in which to join the Association or the Broker will be assessed non-Member fees.
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

If Licensees are transferring listing with them please submit to MLS department the "Listing Transfer Form"

The undersigned personally guarantees payment for all member services provided.

Broker's Signature _____

Owner's Signature _____