



REALTOR® Office Membership Application

Thank you for your interest in joining the REALTOR® family. Please complete this form and submit to our office by email at info@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: <input type="checkbox"/> NEW OFFICE MEMBER <input type="checkbox"/> SECONDARY OFFICE <input type="checkbox"/> UPDATE CONTACT INFO			
BROKERAGE/OFFICE NAME			
OFFICE LOCATION – PHYSICAL ADDRESS		CITY	STATE
MAILING ADDRESS <input type="checkbox"/> Same as office location		CITY	STATE
BROKER NAME		BROKERAGE WEB SITE ADDRESS	
MAIN OFFICE PHONE NUMBER		OFFICE GENERAL CONTACT EMAIL ADDRESS	
BROKER CONTACT PHONE NUMBER		BROKER CONTACT EMAIL ADDRESS	
ALASKA REAL ESTATE LICENSE OFFICE NUMBER & DATE ISSUED		HOW MANY LICENSEES’ DO YOU ANTICIPATE IN YOUR OFFICE?	
HAS THIS OFFICE, WITH THE NAME ABOVE, BEEN A MEMBER OF ABR or NAR IN THE PAST? <input type="checkbox"/> No If yes, 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 Signature		Date	
AE USE ONLY SOA _____ NRDS ENTERED Email CC NRDS Office No			