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 www.tcra.REALTOR

REALTOR® Office Application

Please Note: When an office is a REALTOR® office all licensees are required to join the REALTORS® associations and to comply with the Code of Ethics. All members of the new office who are licensed agents must complete a Membership Application.

<p>This application is for: (please check a box)</p> <p style="text-align: center;"> <input type="checkbox"/> New Office <input type="checkbox"/> Owner/ Management Update </p>
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Company Name:		
Office Phone:	Office Website:	
Office Street Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	State:	Zip:
Designated Broker:	Email Address:	
	Cell Phone:	
Office Manager:	Email Address:	
	Cell Phone:	

- Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceeding or have you or any real estate firm in which you are a sole proprietor, general partner, or corporate officer been adjudged bankrupt in the past three (3) years? ___No ___Yes
 If "Yes," specify, in an attached, separate sheet, the place(s) and date(s) of such action, and detail the circumstances relating thereto.
- Has your real estate license, in this or any other state, been suspended or revoked? ___No ___Yes
 If "Yes," specify, in an attached, separate sheet, the place(s) and date(s) of such action, detailing the circumstances relating thereto.
- Are there now any pending or unresolved complaints, or have there been within the past three (3) years, any complaints against your firm before any state real estate regulatory agency or any other agency or government? ___No ___Yes
 If "Yes," specify, in an attached, separate sheet, the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership.

Signature: _____ **Date:** _____
(Applicant)