

**SUSSEX COUNTY ASSOCIATION OF REALTORS®**

23407 Park Avenue, Georgetown, DE 19947

**OFFICE APPLICATION SCAOR MEMBER**

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Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(Please Include Street, City, State & Zip)*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Broker of Record: \_\_\_\_\_  
*(Please Include Broker's Delaware Real Estate License Number)*

Circle One:                      Individual                      Partnership  
   Corporation                      Other

Name of Each Principal, Partner, Corporate Officer, or Trustee of your firm:  
\_\_\_\_\_

Do you hold or have ever held a real estate license in any other state? \_\_\_\_\_  
If so, specify

\_\_\_\_\_  
\_\_\_\_\_

Has your real estate license, in this or any other state, been suspended or revoked? \_\_\_\_\_ If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating there to:

\_\_\_\_\_

You are authorized to refer to the following members of this Association who know me:

\_\_\_\_\_  
Name                      Address                      Telephone

\_\_\_\_\_  
Name                      Address                      Telephone

I agree that, if accepted for membership in the Association, I shall pay the fees and dues as established and comply with all rules, regulations and Bylaws.

**SCAOR OFFICE APPLICATION FEE: \$200.00**

\_\_\_\_\_  
Signature of Broker of Record

\_\_\_\_\_  
DATE