



SUSSEX COUNTY ASSOCIATION OF REALTORS®

23407 Park Ave Georgetown, DE 19947  
302-855-2319 Fax 302-855-2319



OFFICE APPLICATION

Application Fee \$200.00

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

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

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

Broker of Record: \_\_\_\_\_ Broker's License Number: \_\_\_\_\_

Circle One: Individual Corporation Partnership 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

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*