

ROANOKE VALLEY ASSOCIATION OF REALTORS®

4358 Starkey Road

Roanoke, VA 24018

Phone: 540-772-0526 Fax: 540-772-8058 On the web: www.rvar.com

**BRANCH FIRM APPLICATION**

(Form to be completed by the Principal Broker)

We, \_\_\_\_\_, hereby make  
(Name of Firm)

application for active membership in the Roanoke Valley Association of REALTORS®, Inc., for our Branch Firm Office located at:

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Name of Branch Office: \_\_\_\_\_

Branch Office Phone # \_\_\_\_\_ Branch Office Fax # \_\_\_\_\_

Branch Firm Email address: \_\_\_\_\_

Supervising Broker is: \_\_\_\_\_

I hereby irrevocably subscribe to the Constitution and Bylaws of the Roanoke Valley Association of REALTORS®, the Bylaws of the Virginia Association of REALTORS® and the National Association of REALTORS®, and the Code of Ethics and Standards of Practice of the National Association of REALTORS®.

I understand that any sales agents transferring to this new branch from my main firm office will not need to pay a transfer fee to the Roanoke Valley Association of REALTORS®, but must notify the Association of their new location. Any agent transferring from another real estate firm must submit to the Association a completed transfer form with the applicable fee.

I agree to pay \$125 initiation fee for branch firm membership, plus any dues applicable as assessed by the Roanoke Valley Association of REALTORS®, Inc. My check is attached, OR, I have provided my credit card information.

SIGNED : \_\_\_\_\_  
(Principal Broker)

Print Name: \_\_\_\_\_

Firm address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Firm Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**RVAR use only:**

Date received: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Revised 10/12