



LAREDO ASSOCIATION OF REALTORS®

# NEW OFFICE FORM

For:  Designated Broker  REALTOR Owner  Appraiser

Broker/Appraiser or REALTOR Owner's Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phones: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Correspondence preference:  Office address  Mailing Address

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Fee Amount: \_\_\_\_\_