Print Clear Form

Kent County Association of REALTORS®

519 S Red Have Lane, Second Floor, Dover, DE 19901
Phone: (302) 678-9750 | Fax: (302-678-0848
Web: www.kcar.realtor
Email: info@kcar.org

Broker Update Form

Office Business Name: _____

Business Address: _____

Office Phone: _____ Office Fax: _____

Broker of Record: _____ Broker's License: _____

Corporate Tax Id (EIN): _____ Office License: _____

Office Contact (DR): _____ Email Address_____

Website: _____

Branch Type (Check One): ☐ Main ☐ Branch ☐ Single ☐ Non-Member

Salesperson Count: _____

Agent Name	Agent's Primary Association
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None

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	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
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	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
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	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None

Agent Name	Agent's Primary Association
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
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	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
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	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None
	☐ KCAR ☐ SCAOR ☐ NCCBOR ☐ Other:_____ ☐ None

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, shall be grounds for revocation of my membership if granted. I also agree that, if accepted for membership in the Board, I shall pay the dues and fees as from time to time established.

_____ _____

Signature of Broker Date