



## TELL US ABOUT YOURSELF?:

1. First Name:\* \_\_\_\_\_ 2. Last Name:\* \_\_\_\_\_
3. Title: \_\_\_\_\_  
REALTOR® , Broker, Sales Agent, Listing Agent, etc.
4. Company Name: \_\_\_\_\_
5. Address: \_\_\_\_\_ 6. City: \_\_\_\_\_
7. State: \_\_\_\_\_ 8. Zip: \_\_\_\_\_
9. Office Phone:\* \_\_\_\_\_ 10. Cell Phone: \_\_\_\_\_
11. Home Phone: \_\_\_\_\_ 12. Best Phone to Call: \_\_\_\_\_
13. Fax Number: \_\_\_\_\_ 14. Email:\* \_\_\_\_\_
15. Website: \_\_\_\_\_

## Real Estate History?:

REMEMBER- Fax or attach proof of closing 12 real estate transactions in the last three calendar years.

16. What year were you first licensed :\* \_\_\_\_\_
17. How long have you been a member of the National Association of REALTORS®: \_\_\_\_\_
18. What Board of REALTORS® do you currently belong?: \_\_\_\_\_
19. What, if any, REALTOR® Designations do you currently hold?: \_\_\_\_\_
20. **IF** you belong to a UU Congregation, which one:\* \_\_\_\_\_
21. Any additional comments: \_\_\_\_\_

## Select Coverage Zone:

Please use the City or County designation as a Buyer or Seller would refer to your local. "We plan to move to ?City or ?County or ?Area". It will come off their questionnaire.

Choose 3 Primary Zones: (Cities, Counties, or Areas) (in order of preference)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Choose 8 Secondary Zones: (Cities, Counties, or Areas) (other areas that you work)

1. \_\_\_\_\_ 5. \_\_\_\_\_
2. \_\_\_\_\_ 6. \_\_\_\_\_
3. \_\_\_\_\_ 7. \_\_\_\_\_
4. \_\_\_\_\_ 8. \_\_\_\_\_

Complete this application, fax it along with your MLS print-out of at least 12 transactions to 623-516-8163. Indicate on the cover page if you prefer a one-year or two-year membership. We will invoice you after reviewing your application materials.

Melissa Schwartz, President, licensed through **Dan Schwartz Realty, Inc.**

Unitarian Universalist Referral Network, LLC

23425 N 39th Drive, Suite 104-136 ♦ Glendale, AZ 85310

602-672-6189 office ♦ 623-516-8163 fax

