

Name of Licensee	License No.	PAAR Member	If No, Association where membership is held or nonmember dues are paid
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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In accordance with Article VI, Section 13 of the Bylaws of the Peoria Area Association of REALTORS®, this will certify that the individuals on the attached form represent a complete listing of all licensees affiliated with my office located at

(Office Street Address)

I agree to notify the Association of any status changes during the current fiscal year with such notification to be provided to the Association within 10 days from the date of the individual's affiliation or severance of affiliation with my office(s).

Date: _____

Signature of Designated REALTOR® _____

Name of Firm _____