



APPLICATION FOR KCRAR REFERRAL SERVICE PROGRAM

One Hallbrook Place
11150 Overbrook Rd., Suite 100
Leawood, Kansas 66211
Phone: 913-661-1600 Fax: 913-498-0712 or 0713

I hereby apply for the KCRAR Referral Service Program and enclose my check or credit card in the amount of \$120.00, which I understand will be returned to me in the event I am not accepted in the KCRAR Referral Service Program. This does not include membership in KCRAR.

Purchaser acknowledges that they have been transferred to a separate referral company registered with the Real Estate Commissions and KCRAR. A referral agent can only refer business into the Broker's active company; they cannot list, sell, appraise, advise, counsel or manage relative to real estate. The use of KCRAR benefits such as MLS access, Supra keys, and standard forms will not be available to agents in a referral company.

Purchaser acknowledges under the KCRAR Referral Service Program an agent may:

- attend Events
- attend regular CE classes (at no cost)
- receive e-newsletters
- participate in Calls to Action.

Purchaser acknowledges that if they transfer to an active company their enrollment in the Referral Service Program will be terminated. If applicant joins as an active member of KCRAR no fees will be applied from the Referral program fees to their active membership application fee or dues. Once an agent goes inactive or their license expires they are no longer eligible to use the Referral Service Program. There are no refunds.

First Name: _____ Middle Initial: ____ Last Name: _____

Nickname: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: (____) - ____ - _____ Home Fax :(____) - ____ - _____

E-Mail: _____

Date of Birth (optional) _____ Gender (optional) Male Female

Office Name: _____

Real Estate License Number: MO: _____ KS: _____

Do you work outside of the Real Estate industry? Yes No

Hours worked Full time Part time

Signature: _____ Date: _____

____ Please charge my Visa MasterCard Discover American Express

Number: _____ Expiration Date: _____

CID Number: _____ Signature: _____