



Blue Ridge Association of REALTORS® , Inc.

2017 Volume Award Application

- Attach the **MRIS Agent Sales Report** for verification of your 2017 Volume. New Home sales must be entered into MRIS, only if it is required to achieve an award level. **THIS IS THE ONLY ACCEPTABLE DOCUMENTATION.**
- Your application **MUST** be **SIGNED** by **YOU** and your **BROKER.**
- Both pages of this application **MUST** be submitted.
- Complete applications are due by **February 6, 2018.** **No applications will be accepted after this date.**

Name _____

Current Firm _____ Phone # _____

Application - Please choose from only one (1)

I would like to apply for (check one): **Total Volume: \$** _____

- Chairman's Award (\$1,500,000 - 2,999,999)
- Director's Award (\$3,000,000 - 4,999,999)
- President's Award (\$5,000,000 or more)
- HOF Platinum Award (\$5,000,000 or more **AND** have already been inducted into the Hall of Fame.)

This is to certify that the above named applicant was associated with this firm during the period January 1, 2017 to December 31, 2017 and was a member in good standing at BRAR; that the **amount set forth above** represents transactions that settled during the period of January 1, 2017 and December 31, 2017; and that the transactions were the transactions of the above named applicant(s).

Certifying Broker Name _____ Phone # _____

Certifying Broker Signature _____ Date _____

Applicant's Signature _____ Date _____

⇔⇔⇔ If affiliated with another Firm(s) in 2017, please indicate below. **ALL BROKERS** affiliated with in 2017 **MUST** sign off on Volume Sold in order for all volume to be used for awards purposes.

Firm Name: _____ Phone # _____

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2017 Award Application - Award Order & Payment Form

Name as it should appear on the award:

Application Payment Form

Submit this application with payment information by mail or in person to: **Blue Ridge Association of Realtors®, Inc., 181 Garber Lane, Winchester, VA 22602** or via Email to: brarawards@gmail.com

Item	Cost
Application Fee	\$25.00
TOTAL	\$25.00

We accept the following payment options:

You may pay cash only if you apply in person at the BRAR Office.

AMEX MasterCard Visa Check # _____ made payable to BRAR.

Credit Card Number _____

Expiration Date _____ Security Code (CVV/CVV2) _____

Signature

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.