



**WRITE ONLY MEMBERSHIP FORM**

Existing GLVAR Member Public ID#: \_\_\_\_\_  
*(You must be a member of GLVAR to sign up for Write Only)*

**AGENT INFORMATION**

Name (Last, First, MI)	License#
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E-mail Address

**COMPANY INFORMATION**

Company Name	Broker's Name
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Street Address

City, State, Zip

Main Phone No.	Fax No.
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By signing below, I agree as a condition of participation in CALV to abide by all relevant Bylaws, Rules and other obligations of participation. I further agree to be bound by the Code of Ethics and Standards of Conduct including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other users in accordance with the established procedures of the board/association. I understand that a violation of the Code of Ethics may result in termination of my CALV privileges in addition to any discipline and fines that may be imposed.

Signature	Date
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Broker's Signature acknowledges agents use of the CALV system

**FOR GLVAR USE ONLY**

User Name:	Password:
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Date Form Received:	Date Service Cancelled:
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**Please fax to: (702) 732-4152**  
**Visit our website address:**  
**www.calv.org**