

Blue Ridge Association of REALTORS®, INC
Reciprocal Key Access Agreement

FIRST NAME	MI	LASTNAME
COMPANY NAME	PHONE #	FAX #
OFFICE ADDRESS	CITY	STATE ZIP
HOME ADDRESS	CITY	STATE ZIP
HOME PHONE #	E-MAIL ADDRESS	
NRDS MEMBER ID#	NRDS BROKER CODE	

By my signature below, I hereby acknowledge and understand that it will be my responsibility to become familiar with and abide by the appropriate rules and regulations of the particular Supra Electronic Key System provider of the area(s) in which I have chosen to obtain KeyBox access.

SIGNATURE	DATE
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PRIMARY ASSOCIATION: _____		KEY ISSUED BY: _____	
KEY # _____	DKEY/EKEY(CIRCLE ONE)	PIN # _____	
Requesting access to: <input type="checkbox"/> EPBR			
Type of Access: <input type="checkbox"/> REALTOR		<input type="checkbox"/> AFFILIATE	NAR ID# _____
Real Estate/Appraisal License Verification:			
<input type="checkbox"/> Maryland # _____	<input type="checkbox"/> Virginia # _____	<input type="checkbox"/> West Virginia # _____	<input type="checkbox"/> Pennsylvania # _____
Verified by:			
Name		Organization	Date

SPECIAL NOTE: Please allow up to 48 hours for processing by Reciprocal Staff prior to initial use of the Key.