APPLICATION FOR REALTOR® MEMBERSHIP

Fill in blanks, print, sign and return to your Local Board office with appropriate dues.

I hereby apply for REALTOR® Membership in the _____ enclosing payment in the amount of **$_____ for a one time application fee and $_____* for my _____ dues payable to the _____.** I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I will attend orientation within _____ days of Association's confirmation of membership. Failure to meet this requirement may result in having my membership terminated. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

NOTE: *Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.*

* Amount shown is prorated according to month joining unless membership was held the previous year. I hereby submit the following information for your consideration:

Personal Information:					
First Name		Middle Name			
Last Name		Suffix ☐ Jr, ☐ III, ☐ Sr, ☐ Etc.			
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Personal Fax:					
E-mail Address:		Secondary E-mail:			
Real Estate License #					
Licensed/Certified Appraiser: ☐ Yes ☐ No		Appraisal License #			

Company Information:			
Office Name:			
Office Address:			
Office Phone:		Fax:	
Company Type: Sole Proprietor Partnership Corporation LLC (Limited Liability Company) Other, specify			
Your position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager Non-principal Licensee Other			
Names of other Partners/Officers/ of your firm:			

Preferred Mailing/Contact Information:					
Initial Password for Association Site (if applicable):					
Preferred Phone: Home Office Cell					
Preferred E-mail: Primary E-mail Secondary E-mail					
Preferred Mailing: Home Office Office Mail Alternate Member Mail Alternate					
Mail Publications to: Home Office Office Mail Alternate Member Mail Alternate					
Office Mailing Alternate:					
Address:					
City:		State:		Zip:	
Member Mailing Alternate:					
Address:					
City:		State:		Zip:	

Applicant Information	
Are you presently a member of any other Association of REALTORS®? Yes No	
If yes, name of Association	
Type of membership held:	
Have you previously held membership in any other Association of REALTORS®? Yes No	
If yes, name of Association	
Type of membership held:	
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No	

(If yes, provide details.)	
If you are now or have ever been a REALTOR®, indicate your NAR	
membership (NRDS) #	
Last date (year) of completion of NAR's Code of Ethics training requirement:	
Have you ever been refused membership in any other Association of REALTORS®? Yes No	
If yes, state the basis for each such refusal and detail the circumstances related thereto:	
Is the Office Address, as stated, your principal place of business? Yes No	
If not, or if you have any branch offices, please indicate and give address:	Address:
	City: State: Zip:
Do you hold, or have you ever held, a real estate license in any other state? Yes No	
If so, where:	
Have you or your firm been found in violation of state real estate licensing regulations or other laws	
prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three	
years? Yes No	
If yes, provide details:	
Have you or your firm been convicted of a felony or other crime? Yes No	
If yes, provide details:	

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the _____ Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: _____ Signature: _____

Optional Information	
Date of Birth:	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Field of Business (Specialties)?	
Languages Spoken?	

Information to be supplied by Local Association

Join Date:	
Status: Active Provisional	
Primary Local Association NRDS ID #	
Primary State Association NRDS ID #	
Office ID:	
(If broker)	
Office Contact (Designated REALTOR®)	
Office Contact Manager:	
Number of Non-Member Licensees:	