



# APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the Hillsdale County Board of REALTORS®.

**Application Fees and Dues:** Enclosed is payment in the amount of \$\_\_\_\_\_ for my one time application fee and \$\_\_\_\_\_ for my prorated membership dues payable directly to the Association of REALTORS®. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable.

**Qualification for Membership:** I will attend orientation within 180 days of the Association confirming my membership. Failure to meet this requirement may result in having my membership terminated. If elected to membership, 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. Further, if required, I agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I also 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 any membership requirement(s), such as orientation, not be completed within the timeframe established in the association’s bylaws. I further 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®.

I hereby submit the following information for consideration of my application. (If additional detail is needed, please include separate documentation.)

<b>PERSONAL INFORMATION:</b>					
First Name			Middle Name		
Last Name			Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.	
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Fax:					
Primary E-mail:			Secondary E-mail:		
Broker or Salesperson’s License #					
State of Licensure:			Appraisal License #		

<b>COMPANY INFORMATION:</b>
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Office Name:			
Office Address:			
Office Phone:		Fax:	
Company Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify		
Your position:	<input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder <input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other		
Names of other Partners/Officers of your firm:			

<b>PREFERRED MAILING/CONTACT INFORMATION:</b>			
Initial Password for Association Site (if applicable):			
Preferred Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Cell
Preferred E-mail:	<input type="checkbox"/> Primary E-mail	<input type="checkbox"/> Secondary E-mail	
Preferred Mailing:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate
Mail Publications to:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate
<b>Office Mailing Alternate:</b>			
Address:			
City:		State:	Zip:
<b>Member Mailing Alternate:</b>			
Address:			
City:		State:	Zip:

<b>APPLICANT INFORMATION:</b>	
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
Type of membership held:	
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
Type of membership held:	

Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
If you are now or have been a REALTOR® member before, please provide the information below.					
Previous 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®? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state the basis for each such refusal and detail the circumstances related thereto:					
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, or if you have a branch office, please provide that address:				Address:	
				City:	State:
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where:					
Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					
Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					

<sup>1</sup> Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

**Additional Optional Applicant Information to be completed and considered only if the Association has adopted Section 2(c) from Article V of the NAR Model Bylaws.**

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?  Yes  No

If yes, provide details.

Are there pending ethics complaints against you?  Yes  No

If yes, provide details.

Do you have any unsatisfied discipline pending ?  Yes  No

If yes, provide details.

Are you a party to pending arbitration request?  Yes  No

If yes, provide details.

Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS?  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 Association, 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: \_\_\_\_\_

<b>OPTIONAL INFORMATION</b>	
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?	

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**INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION**

Join Date:	
Status: <input type="checkbox"/> Active <input type="checkbox"/> 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:	