



APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the _____
_____ Association 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 _____ 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.)

PERSONAL INFORMATION:				
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 #				

Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? ¹ <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: Zip:
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:			

¹ 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)

State of Licensure:	Appraisal License #
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COMPANY INFORMATION:	
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:	

PREFERRED MAILING/CONTACT INFORMATION:	
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
Office Mailing Alternate:	
Address:	
City:	State: Zip:
Member Mailing Alternate:	
Address:	
City:	State: Zip:

APPLICANT INFORMATION:	
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:	