



APPLICATION FOR REALTOR® MEMBERSHIP

To the Tri-City Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am enclosing my payment in the amount of \$ _____ for a one time application fee and \$ _____* for my _____ dues payable to Tri-City Association of REALTORS®. Paid dues are non-refundable. Application fee is not refundable. I will attend orientation within [75] days of the Association’s confirmation of provisional 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, 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 time frame 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. I hereby submit the following information for your consideration:

First Name _____ Middle Name _____
Last Name _____ Suffix (Jr, III, Sr, etc) _____ Last 4 of SSN# _____
Nickname (DBA) _____
Email Address: _____
Real Estate License #: _____
Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____
Office Name: _____
Office Address: _____
Office Phone: _____ Fax: _____
Home Address Street _____
City _____ State _____ Zip _____
Home Phone: _____ Personal Fax: _____
Cell Phone: _____
Preferred Mailing: [] Home [] Office Street [] Office Mail Alternate [] Member Mail Alternate
Preferred Publication: [] Home [] Office Street [] Office Mail Alternate [] Member Mail

Alternate

Preferred Phone: Home Office Cell Initial Password for Association Site: _____

Preferred Email: Primary Email Secondary Email

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held:

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association and 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 as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____ and last date (year) of completion of NAR’s Code of Ethics training requirement: _____.

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company) Other, specify _____

Your position: Principal Partner Corporate Officer Majority Shareholder
 Branch Office Manager Non-principal Licensee

Names of other Partners/Officers/ of your firm:

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:

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? If yes, provide details:

Have you or you firm been convicted of a felony or other crime. 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 Tri Cities Board 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): please click the link to view all specialties to select

Languages Spoken: please click the link to view all Languages to select

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 DR _____

Office Contact Manager _____

Number of Non-Member Licensees _____