APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the Lincoln County Board of REALTORS® ("the Association")

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®.

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including the following:

- I will complete the New Membership Orientation Course within **60 DAYS** of the Association confirming my membership. Failure to meet this requirement may result in having my membership terminated.
- Membership in the Association means I am also a member of the State Association and National Association of REALTORS®. I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws, and Rules and Regulations of the Association, the State Association, and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination of such Code, Constitutions, Bylaws, and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing the use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association, and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked, and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.

NOTE: *The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.*

CONTACT INFORMATION:			
First Name		Middle Name	
Last Name		Suffix ☐ Jr, ☐ III, ☐ Sr, ☐ Etc.	
Nickname (DBA):			
Home Address:			

City:		State:		Zip:	
Home Phone:		Cell Phone:			

Fax:			
Primary E-mail:		Secondary E-mail:	
May the Association, including the State and the National Associations, communicate with you via text message?	☐ Yes ☐ No		
LICENSE INFORMATION:			
Broker or Salesperson's License #			
State of Licensure:		Appraisal License #	
Do you hold, or have you ever held, a real estate license in any other state? ☐ Yes ☐ No			
If so, where:			

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:					
Is the office address provided above your principal place of business? ☐ Yes ☐ No					
If not, or if you have a branch office, please provide that address:					
Address:					
City:		State:		Zip:	

PREFERRED MAILING/CONTACT INFORMATION:					
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:	
Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules?[1] ☐ Yes ☐ No	
Are you currently 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:	
Do you have any unsatisfied discipline pending for violation of the Code of Ethics ?[2] ☐ Yes ☐ No	
If yes, provide details below.	
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®? ☐ Yes ☐ No	
If yes, state the basis for each such refusal and detail the circumstances related thereto:	

[1] The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: www.realtor.org/mmm.

[2] 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)

Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? ☐ Yes ☐ No
If yes, provide details below:
Do you have a record of criminal conviction(s) within the past seven (7) years? ☐ Yes ☐ No
If yes, provide details below:

Additional Optional Applicant Information to be completed
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 below:
Are there pending ethics complaints against you? ☐ Yes ☐ No
If yes, provide details below:
Do you have any unsatisfied discipline pending? ☐ Yes ☐ No
If yes, provide details below:
Are you a party to a pending arbitration request? ☐ Yes ☐ No
If yes, provide details below:
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 below:

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:** _____

OPTIONAL INFORMATION	
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 THE 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:	