



APPLICATION FOR REALTOR® MEMBERSHIP

WASHINGTON COUNTY BOARD OF REALTORS®

I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of *\$ _____ for the year 2009 with dues payable to the Washington County Board of Realtors®. (If applicable: plus a one-time application fee of \$25.00) My application fee and dues will be returned to me in the event of non-election. 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 Board, 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. (* Amount shown is prorated according to month joining.)

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board 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 your consideration:

Name: _____ (as shown on license)

Real Estate License #: _____

Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Home Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____

Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office

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: _____

Please provide number of years in Real Estate: _____

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 issued Nine-digit Membership Number:

and last date (year) of completion of NAR's Code of Ethics training requirement: _____

Are you a principal, partner, corporate officer or branch office manager? Yes [] No []

If yes, please complete the following section:

Company information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

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 within the last three years? If yes, provide details: [] Yes [] No

Have you participated in a multiple listing service which is owned and operated by a Board or Association affiliated with the National Association of Realtors within the past three (3) years? [] Yes [] No

If yes, list the name of each MLS association and approximate dates of participation: _____

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details: [] Yes [] No

Specialty: [] Residential [] Commercial [] Resort [] International []
Other: _____

How long with current real estate firm? _____

Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____

What phone number would you like to appear on the SHOWCASE OF PROPERTIES? _____

How would you like to receive your WCBR newsletter: By regular mail _____

via E-mail at: _____

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 Washington County 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.

Signature: _____ Dated: _____

- **A photocopy of real estate/appraiser license and all applicable fees must be submitted with application.**

WCBR BOARD USE ONLY:

APPROVED: _____
(Membership Chairperson) (Date)

IMPORTANT!!!

**Please fill out information below so
you can be included into the
Showcase of Properties Magazine and
to receive your monthly Board
Newsletter.**

**Your
Name** _____

Phone Number (THAT YOU WOULD LIKE TO SHOW ON THE SHOWCASE OF
PROPERTIES)

—

**Your Email
Address** _____

**Your Web
Page** _____

**Your Broker's Company
Name** _____

**Broker's Company
Address:** _____

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**Do you want your newsletter to be sent by
Regular mail or by e-mail**

Regular Mail

E-mail

Home Address or

**Broker's Company Address Email
Address _____**

Membership subject to Approval of the Washington County Board of Directors