



JACKSON AREA ASSOCIATION OF REALTORS®

www.JacksonMIHomes.com

505 South Jackson Street, Jackson, MI 49203 ~ Phone: 517-787-6175 ~ Fax: 517-787-2223

Appendix B

Application for REALTOR® Membership

To the Jackson Area Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$_____ for a one time application fee and \$_____ *for my Dues payable to the Jackson Area Association of REALTORS®. My application fee and dues will be returned to me in the event of non-election. In the even 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 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 continued condition of membership.

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®.

*Amount shown is prorated according to the month the license was issued. I hereby submit the following information for your consideration:

Name: _____ Real Estate License #: _____

Licensed/certified appraiser: Yes No Appraiser License #: _____

Office Name: _____

Office Address: _____

Office Phone: _____ Fax #: _____ E-Mail: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Preferred Mailing: Home Office Preferred Phone: Home Office Cell

Are you presently a member of any other Association of REALTORS®? _____

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

Have you previously held membership in any other Association of REALTORS®? _____

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? _____ (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate you NAR membership (NRDS) #: _____ 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? _____ If yes, you must also complete information on the 2nd page of this application.

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 Jackson Area 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: _____

Social Security Number: _____

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

Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____

(Optional Information): Date of Birth: _____

APPLICATION FOR REALTOR® MEMBERSHIP: FOR DESIGNATED BROKERS/BRANCH MANAGERS

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®? _____

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? _____

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? _____

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: _____

Have you or your 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: _____

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 Jackson Area Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: _____ Signature: _____