

# MEMO

To: REALTOR® Applicants

From: Shannon Harner, e-PRO, Membership & Administrative Manager

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Thank you for your interest in REALTOR® Membership with the Jackson Area Association of REALTORS® (JAAR). An Application and Orientation Enrollment Form are attached along with information about Membership Fees. This checklist will assist you with the membership process. Please review and contact Membership at 517-787-6175 if you have any questions.

- ✓ The amount of payment can be determined from the REALTOR® Dues and MLS Fees Schedules. This payment will include your membership dues for JAAR, the Michigan REALTORS®, the National Association of REALTORS® and the Jackson Multiple Listing Service Fees.
- ✓ Options for paying JAAR Dues and MLS Fees are available. Contact the Association office if payment options are needed.
- ✓ Read the Member Orientation Enrollment Form carefully before you and your Designated REALTOR® sign it. Please enter the dates of the Orientation you plan to attend.
- ✓ Application for REALTOR® Membership to JAAR should be submitted to our office within 30 days from the date of license issuance to avoid additional fees. You may apply prior to receiving a license, with payment of the application fee.
- ✓ You may obtain your license issue date at <https://www.dleg.state.mi.us/colalicverify/>, by phone by calling the State of Michigan Real Estate Licensing Division (517-241-9263) or contact Shannon at the Association office (517-787-6175).
- ✓ You must be a member of JAAR to obtain a lockbox entry card. Call our office to make an appointment and get the costs for entry card deposits and fees.

Upon receipt of your Application and payment, you will be enrolled in New Member Orientation.

## WELCOME!

**Jackson Area Association of REALTORS®**  
505 South Jackson Street, Jackson, MI 49203  
Phone: 517-787-6175 Fax: 517-787-2223



# 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: \_\_\_\_\_ Agent E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Mailing:  Home  Office Preferred Phone:  Home  Office  Cell

May the Association, as well as the State and National Associations,

communicate with you via text message? Yes \_\_\_\_\_ No \_\_\_\_\_

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 2<sup>nd</sup> 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: \_\_\_\_\_

Speciality: [ ] 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: \_\_\_\_\_



# Jackson Area Association of REALTORS® New Member Orientation Enrollment Form

The 2 day New Member Orientation Class is held at the Association office. The dates for 2019 are:

January 8 & 9	March 12 & 13
May 7 & 8	July 9 & 10
September 10 & 11	November 12 & 13

To enroll for Orientation, please complete this form along with the REALTOR® Membership application and return them to the Association with your fees payment. It is recommended that you attend the first available Orientation class following your date of application in order to be assured of fulfilling the Orientation REQUIREMENT. Orientation begins at 9:00 a.m. with registration and continental breakfast beginning at 8:30 a.m. each day. Please submit your application and payment at least 2 business days prior to Orientation. If you have registered and can not attend, please call the JAAR office at 517-787-6175 as soon as possible.

**NOTE: THIS 2 DAY CLASS MUST BE COMPLETED IN THE FIRST OR SECOND OPPORTUNITY FROM YOUR APPLICATION DATE. If the course is not completed within that time, you will need to pay a \$50 late fee. If the class is not completed by the third opportunity, you must reapply and pay another application fee.**

**Please complete this form below to signify that you and your Designated REALTOR® have read and agree to comply.**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Firm Name: \_\_\_\_\_

I will attend New Member Orientation on \_\_\_\_\_  
(choose from dates listed above)

I realize that by signing this form, I have read and understand the above paragraph which states that if I do not complete New Member Orientation within the next two opportunities, I will pay an additional \$50 late fee. I also understand that if I do not complete New Member Orientation by the third opportunity, I will have to reapply for Membership and pay another application fee.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Designated REALTOR® Signature \_\_\_\_\_ Date \_\_\_\_\_

### Suggestions for New Member Orientation

1. Please avoid scheduling any personal/professional appointments on these two days, as that may put you in jeopardy of not completing the Class within the requirement.
2. Please dress comfortably and in layers so that you can control your temperature comfort level.
3. Please put the Orientation dates on your calendar and keep a copy of this form for your reference.
4. Plenty of parking is available behind the JAAR office (on the blacktop).

## 2018/2019 JAAR & JMLS REALTOR® Fees

### JAAR Membership:

Association dues are billed on an annual basis (**October - September**), invoices are sent out October 1<sup>st</sup> each year and are due by October 31<sup>st</sup>. This invoice includes: Local (JAAR) dues, State (MR) dues, National (NAR) dues, annual lockbox maintenance fee and voluntary RPAC contribution.

A new member is invoiced prorated dues based on the date of licensure with a member office.

Application Fee: \$400                      Pro-rated Dues: \$ \_\_\_\_\_                      Date of Licensure: \_\_\_\_\_

The \$400 application fee is due at time of licensure with a member office.

If you are unable to pay the dues in full, a payment option is available for Association dues with additional payment fees as listed below.

**Payment Option:** Dues can be split up into two payments (a \$25 payment fee for each payment along with a completed payment authorization form signed by the broker is required for this option).

1<sup>st</sup> payment (local dues & lockbox maintenance fee): \$ \_\_\_\_\_ is due at time of application

2<sup>nd</sup> payment (MR & NAR dues): \$403 is due on February 15<sup>th</sup>.

### JMLS Membership:

MLS fees are billed on an annual basis (**July - June**), invoices are sent out June 1<sup>st</sup> each year and are due by July 1<sup>st</sup>. This invoice includes: Annual MLS fees, lockbox user fees, public records assessment and voluntary RPAC contribution. If a member leases a Display Key from JAAR, entry card fees will also be included in this invoice. A new member is invoiced MLS fees based on the date of licensure with a member office.

Prorated MLS Fees: \$ \_\_\_\_\_

If you are unable to pay the fees in full, a payment option is available for MLS fees with additional payment fees.

**Payment Option:** MLS fees can be paid on a quarterly basis (a \$25 payment fee for each payment is required for this option). The entire public records fee is required with the first payment.

1<sup>st</sup> payment July 1<sup>st</sup>: \$ \_\_\_\_\_

3<sup>rd</sup> payment January 2<sup>nd</sup>: \$ \_\_\_\_\_

2<sup>nd</sup> payment October 1<sup>st</sup>: \$ \_\_\_\_\_

4<sup>th</sup> (final) payment April 1<sup>st</sup>: \$ \_\_\_\_\_

Entry cards to access lockboxes are optional. The fees for an entry card are not included in the amounts above. ActiveKeys and Electronic (eKEYS) are available at the JAAR/JMLS office. Please contact Shannon at [Shannon@JacksonMIHomes.com](mailto:Shannon@JacksonMIHomes.com) if you have any questions.

I realize that by signing this form, I have read and understand the above membership fees. I also realize that if dues and/or fees are not paid by the due date I am subject to a 10% late fee and membership suspension.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_