
JACKSON AREA ASSOCIATION OF REALTORS®



www.JacksonMIHomes.com

3465 Ann Arbor Rd., Jackson, MI 49202 ~ Phone: 517-787-6175 ~ Fax: 517-787-2223

Application for REALTOR® Office Staff Membership

To the Jackson Area Association of REALTORS®, I hereby apply for REALTOR® Office Staff 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.

I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors.

NOTE: Applicant acknowledges that he/she does not have an active real estate/appraisal license. If applicant does obtain an active real estate/appraisal license membership will be forfeited.

*Amount shown is prorated according to the month the applicant applies for membership. I hereby submit the following information for your consideration:

Name: _____

Office Name: _____

Office Address: _____

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

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

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® Association 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: _____