



APPLICATION FOR REALTOR® MEMBERSHIP TO THE SOUTHWESTERN MICHIGAN ASSOCIATION OF REALTORS®

I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of \$ _____ * payable to SWMAR. My application fee and dues will be returned to me in the event of non-approval. In the event of my approval, membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and 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 on 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 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.

***prorated according to month joining see new member fee sheet**

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®.

I hereby submit the following information for your consideration:

Name: _____ Date of Birth: _____
Real Estate License #: _____ SS# (last 4 digits) _____
Licensed/certified appraiser: [] Yes [] No
Appraisal License #: _____
Office Name: _____
Office Address: _____
Phone: _____ Fax: _____
E-Mail: _____
Residence Street Address (No P.O. Box): _____
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: _____

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:

Association Office Only Date _____ Check/C.C. _____ NRDS# _____
Agent ID _____ Password _____

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2

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:

Do you hold, or have you ever held, a real estate license in any other state? Yes No
If so, where ? _____

Have you been found in violation of state real estate licensing regulations or been the subject of a judgment under Civil Rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? If yes, provide details: _____

Have you been convicted of a felony or other crime within the last ten years? If yes, provide details:

If you are now or have ever been a REALTOR®, indicate your 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? Yes No
If no, please date and sign at bottom

If yes, please continue with the next section

FOR DESIGNATED BROKERS/BRANCH MANAGERS

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

Your position: Principal Partner Corporate Officer Branch Office Manager

Firm Federal Tax Identification Number _____

Names of other Partners/Officers/ of your firm:

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:

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 Southwestern Michigan 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.

Date: _____

Signature: _____