

I hereby submit the following information for your consideration.

## APPLICATION FOR REALTOR® MEMBERSHIP

To the Morgan County Association of REALTORS®, I hereby apply for REALTOR® Membership. 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 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.

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®.

Name Real Estate License Number E-mail Address Real Estate Company Name Office Address City, State, Zip Office Phone Number Office Fax Number Home Address City, State, Zip Home Phone Number Mobile Phone Number Preferred Mailing Address: Home Office Preferred Phone Number: Home Office Mobile

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Are you currently a member of any other Association of REALTORS®?
Yes No If yes, which association and type of membership do you hold?
Have you previously held a membership in any other Association of REALTORS?
Yes No If yes, which association and type of membership did you hold?
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, please provide details as an attachment.
If you are now, or have ever been a REALTOR, provide your NAR membership number (NRDS #) and your last date (year) of completion of the National Association of REALTORS Code of Ethics training requirement.
NRDS # Code of Ethics Year
Are you a principal, partner, corporate officer or branch manager?  If yes, you must complete the 3rd page of this application.  Yes  No
OPTIONAL INFORMATION
Date of Birth:
Speciality: Commercial Other
How long have you been with your current real estate company?
How long were you with your previous real estate company?
Number of years engaged in the real estate business?
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 Association, I shall pay the fees and dues as from time to time established. Note: Payments to the Morgan County Association of REALTORS are not deductible as charitble contributions. Such payments may; however, be deductible as an ordinary and necessary business expense. No refunds. If I go out and come back in I acknowledge I will be charged all application/activation fees again.
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 and that I am waiving to receive all communications as part of my membership.

Date

Signature

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