



Your Trusted Real Estate Resource

23280 County Road 65 * Post Office Box 1000 * Robertsdale, AL 36567

APPLICATION FOR MEMBERSHIP

Phone: 251-947-3777

Fax: 251-947-3788

E-mail: INFO@BaldwinRealtors.Org

I hereby apply for: Agent-REALTOR® Broker-Designated REALTOR® Appraiser -REALTOR®
 Primary Secondary Non-Member Licensee

If applying for Secondary membership, please name your primary association _____
Previous board/association membership? Yes No If yes, when/where _____

NRDS ID _____

Name (First, MI, Last) _____ Nickname _____

Home Address Street _____

City _____ State _____ Zip _____

Home Phone _____ Personal Fax _____

Cell Phone _____ Date of Birth (month, day, year) _____

Email Address _____

Preferred Mailing Home Office Preferred Phone: Home Office Preferred Fax: Home Office

Real Estate License # _____ Appraisal License # _____

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 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 as an attachment.)

Office Name _____

Office Address _____

Office Mailing Address _____

Office Phone _____ Office Fax _____

Previous real estate firm (if applicable) _____

For Designated Brokers Only

Company Information Sole Proprietor Partnership Corporation Limited Liability Company (LLC)

Your Position Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers of your firm _____

Applicant

Office

Broker

I hereby apply for REALTOR® Membership to the BALDWIN COUNTY ASSOCIATION OF REALTORS®, and I am enclosing my payment in the amount of \$ _____. I understand that my dues portion will be returned to me in the event I am not accepted to membership and that the application fee is **non-refundable**. *Please note: Payments to the BALDWIN COUNTY ASSOCIATION OF REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business ex-pense.* In the event my membership is accepted, I agree to attend the Association's orientation as a condition of my membership. Failure to meet this requirement may result in having my membership terminated. I further agree that my act of paying dues shall evidence my initial and continuing commitment 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 BCAR, the Alabama 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 also acknowledge that if accepted as a member and I subsequently resign 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®. To the extent of the law I irrevocably waive all claims against BCAR or any of its officers, employees, directors, or members, for any act in connection with the business of BCAR and particularly as to their acts in electing or failing to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or member. Upon the expiration of said membership for any cause, I will discontinue the use of the term REALTOR®.

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 new member orientation or broker 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 a continued condition of membership.

I acknowledge that the association will maintain a membership file of information which may be shared with other boards/association where applicant subsequently seeks membership. This file shall include: previous applications for membership, all findings of Code of Ethics violations within the time limit specified in the decision letter and violations of other membership duties within the past 3 years. Pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties, incomplete or pending disciplinary measures, pending arbitration requests, and information related to unpaid arbitration awards or unpaid financial obligations to the board/association or its multiple listing service.

I _____ certify that the information furnished by me on this application 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 established and will abide by the code of ethics and BCAR bylaws. Please note that if you become inactive for more than 90 days, there is a reinstatement fee of \$220.00.

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 the limits to receive all communications as part of my membership.

Dated: _____

Signature: _____

Information to be supplied by Local Association:

Join Date _____ Status: Active, Provisional

Primary Local Association NRDS ID _____

Member Type _____

Office ID _____

Office Contact DR _____