



BALDWIN COUNTY ASSOCIATION OF REALTORS® APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership to the BALDWIN COUNTY ASSOCIATION OF REALTORS®, and I am enclosing my payment in the amount of \$ _____ for a one time application fee of \$ _____ and \$ _____ * for my 20__ Dues. 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. 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 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 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.

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®.*

I hereby submit the following information for your consideration:

First Name _____ Middle Initial _____ Last Name _____

Suffix (Jr., III, Sr., etc) _____ Nickname _____ Date of Birth _____

Email Address _____

Real Estate License # _____

Licensed/Certified Appraiser Yes No Appraisal License # _____

Home Address Street _____

City _____ State _____ Zip _____

Home Phone _____ Personal Fax _____ Cell Phone: _____

Office Name _____

Office Address _____

Office Phone _____ Office Fax _____

Previous real estate firm (if applicable) _____

**Amount shown is prorated according to month joining.*

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:

If you are now or have ever been a REALTOR®, indicate your NAR membership number (NRDS) # _____ and year of completion of NAR's Code of Ethics training requirement _____.

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.)

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

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 BALDWIN COUNTY 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: _____

Information to be supplied by Local Association:

Join Date _____

Status: Active, Provisional

Primary Local Association NRDS ID _____

Primary State Association NRDS ID _____

Office ID _____

(Designated Brokers Only)

Office Contact DR _____

Office Contact Manager _____

Number of Non-Member Licensees _____