



## APPLICATION FOR AFFILIATE MEMBERSHIP (No MLS Access)

I hereby apply for Affiliate® Membership (please check the applicable association box)

\_\_\_\_ REALTORS® of Central Colorado, Inc. (My Primary REALTOR® Association)

\_\_\_\_ REALTORS® of Central Colorado, Inc. (My Secondary REALTOR® Association)

As an Affiliate Member, it is hereby understood and agreed to that although not a REALTOR® member, the Affiliate membership in the named Association is and will be subject to all the to all applicable requirements and provisions, and as modified from time to time, in the Constitution, Bylaws and Rules and Regulations of the above named Association, 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.

***NOTE:*** *Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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®.*

| <b>PERSONAL INFORMATION:</b>                  |  |                           |  |      |  |
|---|--|---------------------------|--|------|--|
| First Name                                    |  | Middle Name               |  |      |  |
| Last Name                                     |  | Suffix: Jr, III, Sr, Etc. |  |      |  |
| Nickname (DBA):                               |  |                           |  |      |  |
| Date of Birth:                                |  |                           |  |      |  |
| Home Address:                                 |  |                           |  |      |  |
| City:   |  | State:                    |  | Zip: |  |
| Home Phone:                                   |  | Cell Phone:               |  |      |  |
| Personal Fax:                                 |  |                           |  |      |  |
| E-mail Address:                               |  |                           |  |      |  |
| Secondary E-mail:                             |  |                           |  |      |  |
| Real Estate License #                         |  |                           |  |      |  |
| Licensed/Certified Appraiser: Yes ___ No ___  |  | Appraisal License #       |  |      |  |
| NRDS# (current or prior REALTOR® Association) |  |                           |  |      |  |

| <b>PREFERRED MAILING/CONTACT INFORMATION:</b>                                    |  |        |  |      |  |
|--|--|--------|--|------|--|
| Desired Password for Association Site (Otherwise, this will be your last name.): |  |        |  |      |  |
| Preferred Phone: ___ Home ___ Office ___ Cell                                    |  |        |  |      |  |
| Preferred E-mail: ___ Primary E-mail ___ Secondary E-mail                        |  |        |  |      |  |
| Preferred Mailing: ___ Home ___ Office ___ Other                                 |  |        |  |      |  |
| Mail Publications to: ___ Home ___ Office ___ Other                              |  |        |  |      |  |
| <b>Other Mailing Alternate:</b>  |  |        |  |      |  |
| Address:   |  |        |  |      |  |
| City:  |  | State: |  | Zip: |  |
| <b>Applicant Website Address:</b>  |  |        |  |      |  |

| <b>COMPANY INFORMATION:</b>                              |  |      |  |  |  |
|--|--|------|--|--|--|
| IS THIS IS A NEW FIRM IN THIS ASSOCIATION Yes ___ No ___ |  |      |  |  |  |
| Office Name:   |  |      |  |  |  |
| Office Address, City, State, Zip                         |  |      |  |  |  |
| Employing Broker   |  |      |  |  |  |
| Office Manager   |  |      |  |  |  |
| Firm Website Address:                                    |  |      |  |  |  |
| Office Phone:  |  | Fax: |  |  |  |

**APPLICANT INFORMATION:**

Are you presently a member of any other Association of REALTORS®? Yes \_\_\_\_ No \_\_\_\_

If yes, name of Association

Have you previously held membership in any other Association of REALTORS®? Yes \_\_\_\_ No \_\_\_\_

If yes, name of Association

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.)

If you are now or have ever been a REALTOR®, indicate your NAR

membership (NRDS) #

Last date (year) of completion of NAR's Code of Ethics training requirement:

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:

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:

Address:

City:

State:

Zip:

Do you hold, or have you ever held, a real estate license in any other state? Yes \_\_\_\_ No \_\_\_\_

If so, where:

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? Yes \_\_\_\_ No \_\_\_\_

If yes, provide details:

Have you or your firm been convicted of a felony or other crime? Yes \_\_\_\_ No \_\_\_\_

If yes, provide details:

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 REALTORS® of Central Colorado, Inc. 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.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

\*Responsible Party Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

\*Responsible Party Name (please print): \_\_\_\_\_

\*Responsible Party Title (please print): \_\_\_\_\_

**\*Note: If the applicant is not the responsible party (often owner, President, Branch Executive, CEO, etc.) of the affiliate, then the responsible party for the firm must fill out and sign the Responsible party lines.**