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admin@krepnetwork.com

Application for Realtor[®] Participant *as a member of the Madison County Board of Realtors*

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Home Address _____ Nickname _____

City _____ State _____ Zip _____

Contact Phone (_____) _____ E-mail _____

Date of Birth _____ Website _____

Preferred Password _____ Last 4 digits of SSN _____ KREC License # _____

I have previously been a REALTOR[®]. My NRDS number is _____

YOUR OFFICE INFORMATION

Office Name _____

Office Address _____

City _____ State _____ Zip _____

Office Mailing Address _____

(Include address, city, state, and zip if different from above)

Office Phone (_____) _____ Office Fax (_____) _____

Have you been sanctioned by the courts or other lawful authorities for violations of civil rights laws or real estate laws within the past three years? Yes No

If yes, attach a brief explanation to this application.

Have you been convicted of a crime punishable by imprisonment in excess of one year? Yes No

If yes, has at least 10 years elapsed since the date of conviction or the release from confinement, whichever is later? Yes No

TERMS AND CONDITIONS OF MEMBERSHIP

- A. I understand that the Kentucky Real Estate Professionals Network, Inc. is the MLS company of the Madison County Board of Realtors.
- B. Persons other than principals, partners, corporate officers or branch office managers of real estate or appraisal firms must remain employed by or affiliated with a Designated REALTOR® (member broker) to be eligible for REALTOR® membership.
- C. I agree to abide by the bylaws, policies and rules of Madison County Board of REALTORS®, Kentucky Association of REALTORS® and the National Association of REALTORS®. I also agree to abide bylaws, policies, and MLS rules and regulations of the Kentucky Real Estate Professionals Network.
- D. I understand that the National Association of REALTORS® requires an orientation and mandatory training on the Code of Ethics and that the Madison County Board of Realtors requires completion of Forms Classes.
- E. I authorize the Association or its representatives to verify the information provided by me in this application by any method including contacting the Kentucky Real Estate Commission, my current or past responsible broker, and/or any Association where I held, or continue to hold, any type of membership to release all my membership or disciplinary records to this association, including information regarding 1) all final findings of Code of Ethics violations or other membership duties within the past three years; 2) pending ethics complaints (or hearings); 3) unsatisfied discipline pending; 4) pending arbitration requests (or hearings); and 5) unpaid arbitration awards or unpaid financial obligations. I understand that any information gathered under this authorization may be used in evaluating my application for membership and future disciplinary sanctions. I waive any legal claim or cause of defamation of character that may arise from any action taken to verify, evaluate or process this application or other use of the information authorized and released hereunder.
- F. By signing below, I expressly authorize the Association, including the local, state, and national, or their subsidiaries or representatives to fax, e-mail, telephone or send by U.S. mail to me.
- G. A condition of membership in the Association as a REALTOR® is that you agree to binding arbitration of disputes. As a REALTOR® (including Designated REALTOR® and Broker Associate) member, you agree for yourself and the corporation or firm for which you act as a partner, officer, principal, or branch office manager to binding arbitration of disputes with 1) other REALTOR® members of this Association; 2) with any member of the Kentucky or National Association of REALTORS®; and 3) any client, provided the client agrees to binding arbitration at the Association. Any arbitration under this agreement shall be conducted in accordance with the Association rules and procedures for arbitration.

AUTHORIZATION

I certify that I have read and agree to the terms and conditions of this application and that all information provided in this application is true and correct to the best of my knowledge.

I am aware that dues and fees are non-refundable.

Signature of Applicant _____ Date _____