



**NORTHERN JACKSON BOARD OF REALTORS
AND
NORTHERN JACKSON MLS**

APPLICATION FOR MEMBERSHIP

<small>Office Use Only:</small>	
BOR:	
Member ID # _____	
Office ID # _____	
Date Entered: _____	
Date Updated: _____	
MLS:	
Office # _____	
Agent # _____	
Date Entered: _____	
Office # _____	
Agent # _____	
Data Transferred: _____	

PERSONAL DATA: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Birthdate: / /
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Agent Name (as shown on Real Estate/Appraiser License): _____
(Please Print)

Real Estate/Appraiser License #: _____	<input type="checkbox"/> Broker <input type="checkbox"/> Agent <input type="checkbox"/> Appraiser	<input type="checkbox"/> Previous Member
Date License Awarded: _____	<input type="checkbox"/> Affiliate <input type="checkbox"/> Staff	<input type="checkbox"/> New Firm
		<input type="checkbox"/> Transferring

Home Street Address: _____ Check here if this is preferred address for direct mailings...

City: _____	State: _____	Zip Code: _____
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Home Mailing Address (if different): _____ Check here if this is preferred address for direct mailings...

City: _____	State: _____	Zip Code: _____
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Home Phone #: _____	<small>Private Published</small> <input type="checkbox"/>	Home Fax #: _____	<small>Private Published</small> <input type="checkbox"/>
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Cell Phone #: _____	<small>Private Published</small> <input type="checkbox"/>	Pager/Other #: _____	<small>Private Published</small> <input type="checkbox"/>
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Personal E-mail Address: _____	Personal Web Site Address: http:// _____
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My title or position with this firm: _____
(If your firm or home address or phone number changes, please notify the State Office and your local Board/Association Secretary immediately.)

FIRM DATA: Individual DBA Partnership Corporation

Name of Firm (as shown on license): _____	<input type="checkbox"/> Previous Member	<input type="checkbox"/> New Firm
	<input type="checkbox"/> Transferring	

DBA (if different from name on Firm License): _____

Partners (if partnership) _____
OR President (if Corporation): _____

Firm License #: _____	Firm Broker-in-Charge: _____
<small>(Not applicable if Sole Proprietorship)</small>	
<input type="checkbox"/> Check here if this is preferred address for direct mailings...	

City: _____	State: _____	Zip Code: _____
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Firm Mailing Address (if different from above): _____

City: _____	State: _____	Zip Code: _____
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Office Phone #: _____	Office Fax #: _____
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Toll Free #: _____	Other Office #: _____
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Firm E-mail Address: _____	Firm Web Site Address: http:// _____
<i>(If your firm address or phone number changes, please notify the State Office and your local Board/Association Secretary immediately.)</i>	

Name of Board which you are already a member: _____	Date of Membership: / /
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If you are a member of more than one Board,
Please indicate Board of choice here: **Primary:**

Check this box if you are a member of more than one Board, and wish to have dual access with MLS. **Secondary:**

OTHER DATA:

Date first entered the real estate business: / / at

(Name of Firm)

Have you been engaged continuously in the business since then? Yes No

If not, then during what years were you in the business? From: / / To: / /

How many years have you been active as a... Salesperson Yrs. Mos. Broker Yrs. Mos.

 Appraiser Yrs. Mos. Affiliate Yrs. Mos. Staff Yrs. Mos.

First licensed in North Carolina / / Continuously licensed since / /

Established at present location / / At previous location / /

Resident here since / / Previous residence / /

Have you ever been refused membership in any other local board? Yes No

If "Yes", where from / / to / /

(Name of Board and location)

Have you held membership previously with any other board? Yes No

If "Yes", where from / / to / /

(Name of Board and location)

Have you ever participated in a Multiple Listing Service? Yes No

If "Yes", where from / / to / /

(Name of Multiple Listing Service)

What amount of your business time is devoted to real estate? % Average number of hours per week?

In what phase of real estate do you specialize?

Are you employed or engaged in any other business or profession at this time? Yes No

(Position - Location - Dates)

Membership in any other professional or service organizations, Boards of Realtors or political offices, etc.: *

Will you serve on state or local committees (if appointed)? Yes No

Committee Preference:

Have you/firm ever been dicliplined by a local Board? Yes No By a licensing agency? Yes

If so, give details: *

Have you ever been convicted of a felony? Yes No

If so, give details: *

Are you a member of any local board or association? Yes No

(Name of Board/Association)

(You must attach proof of membership, along with proof of NCAR and NAR dues paid.)

* Attached separate sheet(s) as needed.

PREVIOUS EMPLOYMENT:

List all firms where you have previously been engaged in real estate: *

Firm Name Address Telephone

Firm Name Address Telephone

Firm Name Address Telephone

Firm Name Address Telephone

Firm Name Address Telephone

EDUCATION DATA:

Where did you receive your real estate training?

(Location - Dates)

Have you received any other real estate training/education?

If so, give details: *

List any degrees, diplomas, awards, certificates, etc.: *

Date of completion of Code of Ethics training: ____/____/____

REFERENCES:

Please provide 3 references (business or personal):

1.

Name Company Telephone

2.

Name Company Telephone

3.

Name Company Telephone

By signing this document, I hereby agree to abide by the Code of Ethics of the National Association of Realtors, along with the Constitution, By-Laws, Rules and Regulations of the Northern Jackson Board of Realtors and/or Multiple Listing Service. I consent that the Board/Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board/Association by any person, in response to the invitation, shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. Furthermore, by signing below, I agree that my information may be faxed between board officers for their documentation records. I agree to pay the established fees as long as I remain a member in good standing with the Northern Jackson Board of Realtors and/or MLS. I also guarantee the above information to be true and accurate, to the best of my knowledge.

Signed: _____ Applicant Dated: _____

ALL pertinent information is required and MUST be provided. Incomplete forms could result in delay of processing.

* Attached separate sheet(s) as needed.

Office Use Only:

Alternate Login:

Agent #:

Office #:

Northern Jackson Multiple Listing Service Internet Access Authorization Form

If you have any questions, please call the Northern Jackson MLS Office: (828) 586-8087

Complete the entire form and fax to: (828) 586-6967

*** PLEASE PRINT OR TYPE ***

Agent Name:

Phone:

Address:

Fax:

City, ST Zip:

Cell:

Office Name:

User e-mail address: *(required)*

Requested Login Name:

Requested Password:

Access Level Requested: *(Please check appropriate box below.)*

Agent

Broker

Appraiser

Broker-in-Charge

Office Staff *(no maintenance)*

Affiliate

I acknowledge that the Login Name and Password that are assigned to me are unique and highly confidential. I agree that I will keep the Login Name and Password confidential, and that I will not share them with, or otherwise disclose them to, any other person *(including another Broker with my firm)*. Nor will I allow another person to access the online MLS information using my Login Name and Password. I acknowledge that upon breach of this non-disclosure obligation, Northern Jackson County MLS will have the right to terminate my MLS access/privileges.

Please sign and date below:

Agent:

Date: ____/____/____

Authorized Board Rep.:

Date: ____/____/____

ALL FIELDS ARE REQUIRED.

(IF FORM IS RECEIVED INCOMPLETE, IT WILL BE REJECTED.)

01/01/08