

REALTOR® Membership Application



Applicant Name			License Number License Date (Original)						
Date of Birth									
Гуре: New	Please Check One		Please Chec		RDS #				
Business Name									
Manager Name	Manager Email								
Business Address									
	Street		City	State	Zip Code				
Office Phone		Office Fax	We	ebsite					
Home Address									
	Street		City	State	Zip Code				
Home Phone	Cell I	hone	Cell I	Phone Provider					
Email		 .							
					lose home address or phone.)				
Where did you attend cla	asses to become License	ed?							
Are you <u>currently</u> a me	mber of another Realtor	® Association?	NoYes If yes, w	vhich?					
Have you previously he	ld membership in anoth	er Realtor® Associat	ion?NoYes	If yes, which?					
Are there any outstandingency?NoYe					Association or governing regulators to fthis application.				
Do you consent and Opt Do you consent and Opt					I with other members?NoYes n method judiciously?NoYes				

TERMS AND CONDITIONS

I agree as a condition of membership to complete the Orientation Class of the Association if applicable, within 120 days of the date on this application and otherwise, on my own initiative, to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual, Bylaws, and Rules and Regulations. I agree that if my membership is approved, I will abide by the constitution, bylaws and all other rules, regulations and resolutions adopted by the association. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent that the Lake & Geauga Area Association of REALTORS®, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form basis of any action by me for slander, libel or defamation of character.

Applicant acknowledges that if accepted as a member and he/she subsequently resigns or is expelled from membership in the Association with an Ethics complaint or Arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending Ethics or Arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from Membership without having complied with an award in Arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

I hereby certify that the foregoing information furnished by me is true and correct; 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.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries 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. I hereby grant LGAAR permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.



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APPLICATION CONTINUED ON REVERSE SIDE

ACKN	OWLEDGEMENTS:								
Applicant Name (Printed) Broker/Office Manager Name Printed		Applicant Signature Broker/Office manager Signature			Date				
					Date				
PL	EASE NOTE: PAYMENT MUST ACCOMPANY	THIS APPLICA	TION TO BE	E CONSIDERED FOR MI	<i>EMBERSHIP</i>				
1.	Dues are prorated monthly and include member ("LGAAR") or "Local"; (2) Ohio REALTORSO "National". Other fees may apply.								
2.	2. CALL the LGAAR OFFICE AT 440.350.9000 TO DETERMINE THE AMOUNT OF DUES & FEES OWED.								
3.	3. Verification of your Ohio Real Estate License must accompany this application.								
4.	4. If transferring from another Board or Association, please note that a Letter of Good Standing from that Board or Association must accompany this application.								
5.	Cash, checks, MasterCard, Visa or Discover are ac	ccepted. DUES A	RE NONRE	EFUNDABLE.					
6.	If paying by Credit Card via fax, e-mail or regu SEND CASH IN THE MAIL.	ular mail, please	provide you	ır credit card informatior	n below. DO NOT				
PAYM	ENT METHOD ATTACHED/ENCLOSED _	Cash		Check	Credit Card				
Credit	Card Number:		Expiration Date: CV Code:						
Credit	Card Billing Address (if different from Application a	address):							
				Zip Code:					
Signati	ire.								

*All Members interested in joining a Committee must be approved by the Board of Directors for final acceptance.

If you have any questions, please call our office at 440.350.9000 or e-mail at Contact@LGAAR.org and we'll be glad to assist you.

Rev. 6/2010; 09/2011; 12/2011; 11/2012; 2/26/13; 4/3/18