

## **APPLICATION FOR MEMBERSHIP Mercer-Tazewell Board of REALTORS®**

Please return completed application to mcbrmls@yahoo.com.

I hereby app	oly for BROKER® Membership in the M	ercer-Tazewell Board of REALTORS®.
Date:	Are you a licensed Broker?	License Number
I hereby app	oly for Appraisal Membership in the Me	rcer-Tazewell Board of REALTORS®.
Date:	Are you a licensed Appraiser?	License Number
\$ Board of RE		ayable directly to the Mercer-Tazewell s will be returned to me in the event I am
_	ons for Membership. I understand that that require compliance, including the form	membership brings certain privileges and sllowing:

- I will complete orientation within 90 days of the Association confirming my membership. Failure to meet this requirement may result in having my membership suspended.
- Membership in the Association necessarily means that I am also a member of the West Virginia State Association and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.

**NOTE:** The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.

CONTACT INFORMATION:											
First Name							Middle ?	Name			
Last Name						Suffix Jr, III, Sr, Etc.					
Nicknaı (DBA):											
Home A	Addre	ess:									
Cit y:	·			St:	tate		Zip:				
Home Phone:				(	Cell	1 Phone:					
Fax:											
Primary E-mail:						Secondary E-mail:					
May the Association, as well as the State and the National Associations, communicate with you via text message?  Yes No											
CELL SERVICE PROVIDER: (AT&T, VERIZON, SPRINT, ETC.)											
LICENSE INFORMATION:											
Broker or Salesperson's License #											
State of Licensure:					Appraisal License #						
Do you hold, or have you ever held, a real estate license in any other state? Yes No											
If so, where:											

How many associates are in your office with an active license?					
Please list all their names and license numbers:					
Do you want access to our MLS?					
Do you Have a Supra Key? Supra ID					
Are your Primary and State dues paid for the current year? If yes, provide a					
letter of good standing from your primary board with this application.					
COMPANY INFORMATION:					
Office Name:					
Office Address:					
Office Phone: Fax:					
Company Type: Sole Proprietor Partnership Corporation LLC (Limited Liability					
Web Address:					
Your position: Principal Partner Corporate Officer Majority Shareholder					
Branch Office Manager Non-principal Licensee Broker Check all that apply.					
Names of other Partners/Officers of your firm:					
Is the office address provided above your principal place of business? Yes No					
If not, or if you have a branch office, please provide that address:					
Address:					
City: State: Zip:					

PREFERRED MAILING/CONTACT INFORMATION:							
Preferred Phone: Home Office Cell							
Preferred E-mail: Primary E-mail Secondary E-mail							
Preferred Mailing: Home Office Office Mail Alternate Member Mail Alternate							
Mail Publications to: Home Office Office Mail Alternate Member Mail Alternate							
Office Mailing Alternate:							
Address:							
City: State: Zip:							
Member Mailing Alternate:							
Address:							
City: State: Zip:							
APPLICANT INFORMATION:							
Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules? Yes No							
Are you currently a member of any other Association of REALTORS®? Yes No							
If yes, name of Association							
Type of membership held:							
Have you previously held membership in an Association of REALTORS®? Yes No							
If yes, name of Association							
Type of membership held:							

If you are or have	ve been a REALTOR® member before, please provide the information below.
	ve been a REALTOR® member before, please provide the information below.
Previous NAR membership (NRDS) #	
Last date (year) NAR's Code of requirement:	of completion of Ethics training
Have you ever b	been refused membership in any Association of REALTORS®? Yes No
If yes, state the	basis for each such refusal and detail the circumstances related thereto:
other laws proh	found in violation of state real estate licensing regulations, civil rights laws or ibiting unprofessional conduct rendered by the courts or other lawful authorities have (3) years? Yes No
If yes, explain:	
	ten years, have you been: 1) convicted of a crime punishable by death or n excess of one year or 2) been released from confinement imposed for that es. No
If yes, explain:	
<b>Code of Ethics</b>	
	found in violation of the Code of Ethics or other membership duties in any REALTORS® in the past three (3) years? Yes No
If yes, provide of	letails.
<del></del>	

Are there pending ethics complaints against you? Yes No				
If yes, provide details.				
Do you have any unsatisfied discipline pending? Yes No				
If yes, provide details.				
Are you a party to pending arbitration request? Yes No				
If yes, provide details.				
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? 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 Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the 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:				
Please return completed application to mcbrmls@yahoo.com.					
Opproved Typopalemon					
OPTIONAL INFORMATION					
How long with current real estate	,				
firm?					
Previous real estate firm (if appli	cable):				
Number of years engaged in the	real estate business:				
Field of Business (Specialties)?					
Languages Spoken?	1				



## Mercer-Tazewell Board of REALTORS® 1460 E Main Street Princeton, WV 24740

Phone: (304)487-3443 www.MTCBR.REALTOR

## INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION

Join Date:				
Status: A	ctive Provision	onal		
Primary L	ocal Association	n NRDS ID#		
Primary St	ate Association	NRDS ID#		
Office ID:				
(If broker)				
Office Cor REALTOI	ntact (Designate R®)	ed		
Office Co	ntact Manager:			
Number of Licensees:	f Non-Member			

Board Name: Mercer-Tazewell Board of REALTORS® Board ID: 8965