



## 2020 MEMBER APPLICATION for MLBOR

Name \_\_\_\_\_  
*As it appears on your license* *Add or Circle the name you prefer to be called*

Office Name \_\_\_\_\_ Branch \_\_\_\_\_

Office Address \_\_\_\_\_

Name of your Broker-In-Charge(B-I-C)/DR \_\_\_\_\_

Does your OFFICE & your B-I-C (or DR) currently hold membership in our Association?  Yes  No

*(note: your office branch and BIC/DR must be members of MLBOR for agents assigned to their office to be eligible for membership)  
(IF NO, please request the Office application and additional documents applying to non-participating agents in the office)*

Are you a previous MLBOR Member  Yes  No. If yes, month & last year of membership? \_\_\_\_\_

What type of membership are you applying for? (please check **ALL** that apply)

REALTOR/Appraiser  Broker-in-Charge/DR  Primary Member  Secondary Member

(IN state  -or- OUT of state )

If Secondary, where are you a Primary Member?  
\_\_\_\_\_

NC RE license # \_\_\_\_\_ NC Appraiser license # \_\_\_\_\_  
*A copy of front and back of your license and a copy of your Drivers' License must accompany your application*

Current or previous REALTORS, please provide your NAR member # \_\_\_\_\_ (NRDS #)  
*If you are NEW, your NRDS # will be assigned by our office*

Home address \_\_\_\_\_

City, St & Zip code \_\_\_\_\_

Cell phone# \_\_\_\_\_ Carrier? \_\_\_\_\_ Opt-in to receive texts from MLBOR  Y  N

Ex: Verizon, Sprint, T-Mobile, etc.

Preferred E-mail \_\_\_\_\_

Do you have a Personal Assistant (PA)?

Name of PA \_\_\_\_\_ Licensed? YES  NO

PA's Email \_\_\_\_\_ Phone \_\_\_\_\_

If you are a current member of another association/s, please list them below.

\_\_\_\_\_  
\_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in an Association of REALTORS® within the past 3 years, or are there any such complaints pending? \*

YES  NO

Has your real estate or appraiser license ever been suspended or revoked? \*

YES  NO

Have you ever been convicted of a misdemeanor (other than a traffic violation) or of a felony? \*

YES  NO

***\*If you answered YES to any of the above, please provide details with an attachment.***

Please provide three references that the MLBOR is authorized to contact. At least ONE must be a current MLBOR member in good standing.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Thank you, based on the information you have provided, our office will provide you a checklist, fee sheet and Membership Application. Please call us with any questions 828-837-5297.

Please sign certifying the accuracy of this information and return to our staff email address:  
staff@mtnlakesbor.com.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*