



23. Have You Previously Held Membership With Any Other Real Estate Board?  Yes  No

If Yes, What Board? \_\_\_\_\_ Where? \_\_\_\_\_

24. Have You Ever Been Refused Membership To Another Real Estate Board?  Yes  No

If Yes, State Basis For Each Such Refusal And Detail The Circumstances Related Thereto. \_\_\_\_\_

\_\_\_\_\_

25. Is The Office Listed Below Your Principal Place Of Business?  Yes  No

If No, Or If You Have Any Branch Offices, Indicate And Give Addresses: \_\_\_\_\_

\_\_\_\_\_

26. Have You Participated In A Multiple Listing Service?  Yes  No

27. Are You Now Employed Or Engaged In Any Other Business Profession? (Position And Location) \_\_\_\_\_

\_\_\_\_\_

28. Will You BE Selling Real Estate Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

29. Do You Hold, Or Have You Held, A Real Estate License In Another State?  Yes  No

30. Has Your Real Estate License, In This Or Any Other State, Been Suspended Or Revoked?  Yes  No

If Yes, Specify The Place And Date Of Such Action, And Detail The Circumstances Relating Thereto. \_\_\_\_\_

\_\_\_\_\_

31. **Broker/Owners Only.** Are There Now, Or Have There Been Within The Past Three Years, Any Complaints Against You Or The Firm With Which You Have Been Associated Before Any State Real Estate Regulatory Agency Or Any Other Agency Of Government?  Yes  No

32. Have You Ever Been Found In Violation Of The Code of Ethics Or Other Membership Duties, Or Is There An Unsatisfied Discipline Pending, A Pending Arbitration Request, Or Unpaid Arbitration Awards/Financial Obligations To any Other Association Or Association MLS?  Yes  No

If Yes, State Basis For Each Such Violation And Detail The Circumstances Related Thereto. \_\_\_\_\_

\_\_\_\_\_ (Continued...)

33. Have You Taken Bankruptcy In The Past Three Years, Or Do You Have Bankruptcy Pending?  Yes  No

34. Are You Presently A Defendant/Participant In A Law Suit?  Yes  No

If Yes, State Basis For Each Such Lawsuit And Detail The Circumstances Related Thereto. \_\_\_\_\_

\_\_\_\_\_

35. Are You An Affiliate Member Of Any Of These Organizations?  CRE  CIREI  IREM  RLI

RMNI  SIOR  WCR

**Note: An applicant for Institute Affiliate Membership shall supply to the Membership committee evidence that applicant holds a professional designation awarded by a qualified institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS® that addresses a specialty area other than residential brokerage or who otherwise holds a class of membership in such institute, society or council that**

confers the right to vote or hold office and shall agree, if elected to membership, to abide by the constitution, bylaws and rules and regulations of the local board, the state association, and the National Association.

36. Do You Have Any Of These Designations?                     ABR    ALC    CCIM    CIPS    CPM  
 CRB    CRE    CRS    GAA    GRI    LTG    RAA    RCE

37. Preferred Mailing Address:                     Home                     Office

38. Preferred Fax Number:                     Home                     Office

39. Preferred Email Address:                     Home                     Office

40. Would You Like To Receive Mailings From The Association?                     Yes                     Sometimes                     No

41. Would You Like To Receive Faxes From The Association?                     Yes                     Sometimes                     No

42. Would You Like To Receive Email From The Association?                     Yes                     Sometimes                     No

43. Which Is Your Preferred Method Of Receiving Communication (Please Rank In Order – 1 Being First Choice and 3 Being Third Choice)?                      1     2     3   Mail                      1     2     3   Fax                      1     2     3   Email

44. Check Here IF You Do Not Want Your Name Sent To Direct Mail Marketers:                   

45. Office Name: \_\_\_\_\_

Check One:     Individual (Sole Proprietor)     DBA     Partnership     Corporation

46. Position With Firm, Please Check One:                     Principal     Partner     Corporate Officer     Trustee  
 Independent Contractor     Employee     Other

47. Office Address: \_\_\_\_\_

48. Office City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

49. Office Phone Number:   Area Code   (       ) \_\_\_\_\_

50. Office FAX Number:   Area Code   (       ) \_\_\_\_\_

51. Office Email Address: \_\_\_\_\_

52. Pager, Voice Mail or Cellular Phone Number:   Area Code   (       ) \_\_\_\_\_

53. Are You Actively Engaged In The Real Estate Business?     Yes                     No

54. Is Your Office Part Of A Franchise?                     Yes                     No

If Yes, Which Franchise? \_\_\_\_\_

55. Would You Like To Receive Information On The Following Topics:

Legislative Updates                     Yes                     Sometimes                     No

Educational Offerings                     Yes                     Sometimes                     No

Real Estate Industry Updates                     Yes                     Sometimes                     No

Commercial Real Estate Updates                     Yes                     Sometimes                     No

Appraisal Updates                     Yes                     Sometimes                     No

Other (Please Specify): \_\_\_\_\_

**SPACE AVAILABLE FOR LOCAL BOARD QUESTIONS:**

**Voluntary Information:**

Gender:  Male  Female

Date Of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Marital Status:  Married  Single

Spouse's Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

**SPACE AVAILABLE FOR LOCAL BOARD QUESTIONS**

**For Local Board...**

56. Office ID Number: \_\_\_\_\_

57. State ID Number: \_\_\_\_\_

58. Board ID Number: \_\_\_\_\_

59. Board Member NRDS Number: \_\_\_\_\_

60. Local Board Member ID Number (If Different Than SSN, RE License, NRDS): \_\_\_\_\_

61. Transaction Type:  Add  Change  Drop  Reinstate  Stop Mail  Transfer

If Stop Mail, Reason:  Bad Address  Duplicate Mailing  Member Request

62. Start/Drop Date Of Board Membership: \_\_\_\_\_

63. Type:  Designated REALTOR®  REALTOR®  REALTOR® Associate  Institute Affiliate

Affiliate  Other: \_\_\_\_\_

64. NAR Dues Paid:  Yes  No \$ \_\_\_\_\_

65. State Dues Paid:  Yes  No \$ \_\_\_\_\_

66. Local Dues Paid:  Yes  No \$ \_\_\_\_\_

67. Orientation Date: \_\_\_\_\_

(All Applicants must sign)

**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, may be grounds for revocation of my membership, if granted.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Applicant)