



**DeKalb Association of REALTORS® Membership Application**

Name: \_\_\_\_\_ \* **Real Estate License #:** \_\_\_\_\_ \*

Licensed/Certified Appraiser Yes  No  **License** \_\_\_\_\_ \*

**In State Residence Address:** \_\_\_\_\_ \* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip \_\_\_\_\_ \*

**Cell Phone\*:** \_\_\_\_\_ \* **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail\*:** \_\_\_\_\_ \*

Office Name: \_\_\_\_\_ \*

Office Address: \_\_\_\_\_ \* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip \_\_\_\_\_ \*

Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_ \*

To The DeKalb Association of REALTORS® I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of \$ \_\_\_\_\_ \* **for my Association Dues payable to DeKalb Association of REALTORS®.** My current dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within the timeframe established in the association’s bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association’s bylaws as a continued condition of membership.

**NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant’s certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

\* Amount shown is prorated and non-refundable according to month joining. I hereby submit the following information for your consideration:

**Are you presently a member of any other Association of REALTORS®?**  Yes  No  
If yes, name of Association and type of membership held: \_\_\_\_\_ \*

**Have you previously held membership in any other Association of REALTORS®?**  Yes  No  
If yes, name of Association and type of membership held: \_\_\_\_\_ \*

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending?  Yes  No (If yes, provide details as an attachment.)

**If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #:** \_\_\_\_\_ \*  
and last date (year) of completion of NAR’s Code of Ethics training requirement: \_\_\_\_\_.

**Are you a principal, partner, corporate officer or branch office manager?**  Yes  No **If yes, you must also complete the Designated Broker section on the 2<sup>nd</sup> page of this application. If No have your Broker complete the Designated Broker Section**

**DESIGNATED BROKERS/BRANCH MANAGERS COMPLETE THIS SECTION**

Company information:     Sole Proprietor    Partnership    Corporation    LLC(Limited Liability Company)

Your position:     Principal    Partner    Corporate Officer    Branch Office Manager

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? [  ] Yes [  ] No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_

Is the Office Address, as stated, your principal place of business? [  ] Yes [  ] No  
If not, or if you have any branch offices, please indicate and give address:

\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? [  ] Yes [  ] No  
If so, where:

\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

\_\_\_\_\_

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. 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 DeKalb 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.

I \_\_\_\_\_, Principal or Managing Broker in the Real Estate Firm of \_\_\_\_\_, do hereby certify that I am holding the license of the above applicant. I further acknowledge that if the applicant does not complete all requirements of membership, my dues will be increased by such amount as is applicable from time of licensee’s association with my firm unless said licensee is no longer associated with this firm

**BOTH BROKER AND AGENT MUST SIGN**

Dated: \_\_\_\_\_ **Agent’s Signature:** \_\_\_\_\_ \*

Dated: \_\_\_\_\_ **Broker’s Signature:** \_\_\_\_\_ \*

**Check One:** Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name on card \_\_\_\_\_ Amount Processed \_\_\_\_\_.

DeKalb Association of REALTORS® communicates primarily by e-mail please make sure you include you e-mail address and should it change please notify us at once. Please fill this application out as fully as possible.

**\* Mandatory**