



Mason Oceana Manistee Board of REALTORS®
409 W. Ludington Ave., Suite 203 \* Ludington, MI 49431
231-845-1896 www.momboard.com

APPLICATION FOR MEMBERSHIP

By submitting this application, a copy of our current onboarding fee schedule will be supplied to the email provided below.

I hereby apply for: [ ] \*DR/BROKER [ ] \*REALTOR® [ ] \*Appraiser

\*Real Estate/\*Appraiser License #: \_\_\_\_\_ \*Date Licensed: Month \_\_\_\_ Year \_\_\_\_
(Please include a copy of your license)

Name \_\_\_\_\_ (As shown on your license) NRDS# \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_
Name you want to appear on MLS

Home Address
Street
P.O Box
City State Zip

Office Name & Address:
Name
Address
City State Zip

Cell/Contact Phone (\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Web Address \_\_\_\_\_

MAR/NAR Mailing Preferences: [ ] Home [ ] Office

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: \_\_\_\_\_

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS#) \_\_\_\_\_
What is the last date (year) of completion of NAR's Code of Ethics training requirement? \_\_\_\_\_

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: \_\_\_\_\_

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

Number of years engaged in the real estate business: \_\_\_\_\_

Field of business (Specialties): \_\_\_\_\_

List any foreign languages you may speak: \_\_\_\_\_

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

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years?

Yes       No (If yes, attach details): \_\_\_\_\_

Have you or your firm been convicted of a felony or other crime?  Yes       No  
(If yes, attach details): \_\_\_\_\_

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: \_\_\_\_\_

**Company Information:**     Sole Proprietor       Partnership       Corporation  
                                     LLC                               Other, specify: \_\_\_\_\_

**Your Position:**       Principal       Partner       Corporate Officer       Majority Shareholder  
                                     Branch Office Manager       Non-principal Licensee

Names of other Partners/Officers of your firm: \_\_\_\_\_

Upon submission of this application plus payment of the required fees and confirmation of my provisional membership, I agree to complete the New Member Orientation program. Orientation will be online and must be completed in 2 phases, as offered by the Association. Failure to meet this requirement may result in having my membership terminated.

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 named above Association, the State Association, and the National Association of REALTORS®. 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 continued condition of membership.

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 Board, I shall pay the fees and dues as from time to time established.

**NOTE:** Payments to Mason Oceana Manistee Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. All fees are nonrefundable. No refunds.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any, (eg., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communications available. This consent applies to changes in contact information that may be provided by me to the Association 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.

\* Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Must have both signatures BEFORE applying for membership.**