



Garrett County Board of REALTORS®

APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the **Garrett County Board of REALTORS®**, enclosing payment in the amount of \$_____ for a one time application fee and \$_____ * for my _____ dues payable to the **Garrett County Board of REALTORS® or GCBR**. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I will complete the online orientation within 30 days of Association’s confirmation of membership. 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 (or to mediate if required by the association) 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 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 according to month joining unless membership was held the previous year. I hereby submit the following information for your consideration:

PERSONAL INFORMATION:					
First Name			Middle Name		
Last Name			Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.	
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Personal Fax:					
E-mail Address:			Secondary E-mail:		
Real Estate License #					
Licensed/Certified Appraiser:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Appraisal License #		

COMPANY INFORMATION:

Office Name:			
Office Address:			
Office Phone:		Fax:	
Company Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify _____		
Your position:	<input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder <input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other _____		
Names of other Partners/Officers/ of your firm:			

PREFERRED MAILING/CONTACT INFORMATION:

Initial Password for Association Site (if applicable):			
Preferred Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell		
Preferred E-mail:	<input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail		
Preferred Mailing:	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate		
Mail Publications to:	<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate		
Office Mailing Alternate:			
Address:			
City:		State:	Zip:
Member Mailing Alternate:			
Address:			
City:		State:	Zip:

APPLICANT INFORMATION:

Are you presently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
Type of membership held:	
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(If yes, provide details.)				
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #				
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®? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, or if you have any branch offices, please indicate and give address:	Address:			
	City:	State:	Zip:	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, where:				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide details:				
Have you or your firm been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Garrett County Board 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: _____

To be completed by Broker or Manager for new applicant:

I hereby certify that the above-named applicant is associated with my firm and I recommend that the applicant be admitted to the Active Membership in the Garrett County Board of REALTORS®, Inc.

Broker/Manager Name: (please print) _____

Company _____

Broker/Manager Signature _____ Date _____

OPTIONAL INFORMATION	
Date of Birth:	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Field of Business (Specialties)?	
Languages Spoken?	

INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION

Join Date:	
Status: <input type="checkbox"/> Active <input type="checkbox"/> Provisional	
Primary Local Association NRDS ID #	
Primary State Association NRDS ID #	
Office ID:	
(If broker)	
Office Contact (Designated REALTOR®)	
Office Contact Manager:	
Number of Non-Member Licensees:	

GCBR Office Use Only

Date application received _____

Total Amount Paid \$ _____ Check # _____

Comments _____
