



APPLICATION FOR REALTOR® MEMBERSHIP

I	hereby apply for REALTOR $^{ ext{ iny 8}}$ M	Iembership in the
Manitowoc County Board of REALTOR	Rs®	-
Date Licensed to Company	·	
Application Fees and Dues: Enclosed	<u> </u>	
application fee and prorated membership	L Company of the Comp	
LICENSED WITH DEPARTMENT OF	F SAFETY AND PROFESSIONAL S	ERVICES (DSPS)
(NOTICE OF EMPLOYMENT FORM)	. Please make checks payable to the N	Manitowoc County Board of
Realtors.		

INCLUDE A COPY OF YOUR REAL ESTATE LICENSE.

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including the following:

- I MUST TAKE NAR'S NEW MEMBER CODE OF ETHICS WITHIN 14 DAYS OF MCBR'S RECEIPT OF APPLICATION. FAILUE TO MEET THIS REQUIREMENT, AND TO PROVIDE AE WITH A COPY OF CERTIFICET OF COMPLIANCE, RESULTS IN DENIAL OF YOUR MEMBERSHIP APPLICATION AND TERMINATION OF REALTOR® STATUS.
- I MUST ATTEND ORIENTATION WITHIN 2 CONSECUTIVE SESSIONS OF THE MCBR CONFIRMING MY MEMBERSHIP. FAILURE TO MEET THIS REQUIREMENT RESULTS IN DENIAL OF YOU R MEMBERSHIP APPLICATION AND TERMINATION OF REALTOR® STATUS.
- Membership in the Association necessarily means that I am also a member of the State Association and nation Association of REALTOR® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.

NOTE: The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS[®] (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR $^{®}$.

CONTACT INFORMATION:					
First Name]		Middle N	ame	
Last Name	5		Suffix [Suffix Ir, III, Sr, Etc.	
Nickname (DB)	A):				
Home Address:					
City:		State:			Zip:
Home Phone:			Cell Phone:		
Fax:					
Primary E-mail	:		Seconda	ıry E-ma	il:
•	ation, as well as the S				Yes No
Associations, co	ommunicate with you	via text me	essage?		-
LICENSE INFOR	MATION:				
Broker or Sales	person's License#				
State of Licensure: Appraisal License #					
Do you hold, or	have you ever held,	a real estate	e license in any	other st	ate? 🗌 Yes 🔲 No
If so, where:	<u> </u>				
COMPANY INFO	RMATION:				
Office Name:					
Office Address: Office Phone:			Form		
	Cala Duanniatan	Do ester our	Fax:		I I C (Limited Liebility)
Company Type: Sole Proprietor Partnership Corporation LLC (Limited Liability					
Company) Uther, specify					
Your position: Principal Partner Corporate Officer Majority Shareholder					
Branch Office Manager Non-principal Licensee Other					
Names of other Partners/Officers of your firm:					
Is the office address provided above your principal place of business? Yes No					
If not, or if you have a branch office, please provide that address:					

Address:					
City:	State:	,	Zip:		
City.	state.		Lip.		
Preferred Mailing/Contact Information:					
Preferred Phon	e: Home Office Cell				
Preferred E-mail: Primary E-mail Secondary E-mail					
Preferred Maili	ing: Home Office Office	e Mail Alternate	er Mail Alternate		
Mail Publication	ons to: Home Office Off	ice Mail Alternate Men	nber Mail Alternate		
Office Mailing	g Alternate:				
Address:					
City:	State:		Zip:		
Member Mail	ing Alternate:				
Address:					
City:	State:		Zip:		
APPLICANT INF					
Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules?¹ ☐ Yes ☐ No					
Association's ti	ademark rules: res rvo				
Are you current	ly a member of any other Association	of REALTORS®? Yes	No No		
If yes, name of					
Association					
Type of membership					
held:					
Previous real es	tate firm (if applicable):				
Have you previo	ously held membership in any other A	Association of REALTORS®	? Yes No		
If yes, name of					
Association Type of					
membership					
held:					
Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? ² \sum Yes \sum No					
If yes, provide					
details.					

¹ The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: www.realtor.org/mmm.

² Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

If you are now or have been a REALTOR® member before, please provide the information below.		
Previous 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®?		
If yes, state the basis for each such refusal and detail the circumstances related thereto:		
Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? Yes No		
If yes, provide details:		
Do you have a record of criminal conviction(s) within the past seven (7) years? Yes No If yes, provide details:		
details.		
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? \[\subseteq \text{Yes} \] No		
If yes, provide details.		
If yes, provide details.		
Are there pending ethics complaints against you? Yes No		
If yes, provide details.		
21 Jos, provide details.		
Do you have any unsatisfied discipline pending ? \(\subseteq \text{Yes} \) No		

If yes, provide details.				
Are you a party to pending ar	bitration request? Yes No			
If yes, provide details.				
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? Yes No				
If yes, provide details.				
to provide complete and accur for revocation of my member Association, I shall pay the fe Association of REALTORS® however, be deductible as an By signing below, I consent to subsidiaries, if any (e.g., MLS) fax numbers, email address of in contact information that ma	oing information furnished by me is true and correct, and I agree that failure rate information as requested, or any misstatement of fact, shall be grounds ship if granted. I further agree that, if accepted for membership in the res and dues as from time to time established. NOTE: Payments to the are not deductible as charitable contributions. Such payments may, ordinary and necessary business expense. No refunds. That the REALTOR® Associations (local, state, national) and their S, Foundation) may contact me at the specified address, telephone numbers, or other means of communication available. This consent applies to changes any be provided by me to the Association(s) in the future. This consent and federal laws may place limits on communications that I am waiving to so part of my membership.			
Dated:	Signature:			
Dated:	Print Broker's Acknowledgement			
Dated.	Dioker's Acknowledgement			
	Print			