

DOWN RIVER ASSOCIATION OF REALTORS®

13305 Reeck Road, #100

Southgate, MI 48195

Telephone: (734) 287-8060 Fax: (844) 270-0452

APPLICATION FEE: \$50

AGENT APPLICATION FOR MEMBERSHIP

This application is for: **MLS Membership *OR*** **Association Membership *OR***
 MLS & Association Membership *(please indicate type of membership)*

TO: THE DOWN RIVER ASSOCIATION OF REALTORS®

I hereby apply for Membership in the above named Association and am enclosing my check in the amount of **\$50.00** for a one-time application fee. My application fee 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 MLS 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 MLS 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®.*

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NAME AS SHOWN ON LICENSE: _____ DATE OF BIRTH: _____

REAL ESTATE LICENSE #: _____ Last 4 Digits SS #: _____

LICENSED/CERTIFIED APPRAISER: ___ Yes ___ No APPRAISAL LICENSE #: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____ CITY & ZIP: _____

OFFICE PHONE #: () _____ OFFICE FAX: _____ OFFICE WEBSITE: _____

RESIDENCE ADDRESS: _____ CITY & ZIP: _____

RESIDENCE PHONE #: () _____ E-MAIL: _____

PHONE NUMBER TO APPEAR IN ROSTER AND ON LISTINGS: () _____

(CONTINUED ON BACK)

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 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 KNOWN:

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

IF KNOWN:

Last date (year) of completion of NAR's Code of Ethics training requirement: _____

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 Down River 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, and,

I understand that members shall be fined \$1,000.00 (first offense), \$2,000.00 (second offense), \$3,000 with expulsion from MLS Service (third offense) for issuing a user name and password to access the MLS to anyone other than the authorized user.

DATE: _____ APPLICANT'S SIGNATURE: _____

DATE: _____ EMPLOYING BROKER'S SIGNATURE: _____

PLEASE NOTE: This application is valid for three (3) months only. MLS Login will be provided within 24 hours of receipt of application and is valid for 30 days. MLS Access will be terminated unless the MLS training course is completed within 30 days of application.

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ADMINISTRATIVE OFFICE USE ONLY

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|--|-----------------------------------|---------------------------------------|--|
| Application Fee: _____ | <input type="checkbox"/> Bulletin | <input type="checkbox"/> RAP | <input type="checkbox"/> Check NRDS |
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> MLS | <input type="checkbox"/> DRAR Website | <input type="checkbox"/> Sent Login Info |
| <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | <input type="checkbox"/> DLEG | <input type="checkbox"/> CC | <input type="checkbox"/> Billed & Mailed |