

**DOWN RIVER ASSOCIATION OF REALTORS®**

13305 Reeck Court, Suite 100

Southgate, MI 48195

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

**APPLICATION FEE: \$100 for MLS & Association Membership  
\$50 for MLS Membership or Association Membership**

**BROKER 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** or **\$100.00** 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 #: \_\_\_\_\_

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 not all licensed agents in my office are required to join under this membership. A list of all active agents within my office is attached. Only agents that join the DRAR MLS under this membership will be authorized users with access to the DRAR MLS, 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: \_\_\_\_\_ 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

- |  |                                   |                                       |  |
|--|-----------------------------------|---------------------------------------|--|
| 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 |

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**COMPANY INFORMATION FOR DESIGNATED REALTOR® / APPRAISAL MEMBERSHIP**

(to be attached to Broker Application)

**COMPANY INFORMATION:**

Sole Proprietor    Partnership    Corporation    LLC

**YOUR POSITION:**

Principal    Partner    Corporate Officer    Manager

Names of other Partners/Officers of your firm:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

BROKER I.D. # \_\_\_\_\_ APPRAISAL I.D. #: \_\_\_\_\_  
(Attach copy of License to Application) (Attach copy of License to Application)

COMPANY NAME: \_\_\_\_\_

OFFICE / CORPORATE LICENSE #: \_\_\_\_\_  
(Attach copy of License to Application)

ADDRESS: \_\_\_\_\_ CITY & ZIP CODE: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

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 haven 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 (3) years?  
If yes, provide details:  Yes  No

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Have you or your 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:  Yes  No

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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.**

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as Board/Association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Board/Association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

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 Associations(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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated REALTOR®/Appraiser Signature

**NOTE: ALL FEES ARE NON-REFUNDABLE**

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## MLS PARTICIPATION AGREEMENT

(For MLS access by REALTOR® (principals) or a firm comprised of  
REALTOR® (principals) who are not members of the Board/Association)

NAME: \_\_\_\_\_

OFFICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PRIMARY BOARD/ASSOCIATION: \_\_\_\_\_

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as Board/Association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Board/Association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: IN ORDER FOR THE DRAR TO PROCESS YOUR APPLICATION, YOU MUST ATTACH VERIFICATION OF MEMBERSHIP FROM YOUR PRIMARY ASSOCIATION.**