

DOWN RIVER ASSOCIATION OF REALTORS®

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Southgate, MI 48195
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Fax: (844) 270-0452
www.drar.com

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

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

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