



www.wmlar.com

Today's Date _____

12916 168th Avenue Grand Haven, MI 49417 (616) 846-6240 Fax (616) 846-5155

APPLICATION FOR MEMBERSHIP

I hereby apply for:
 DR REALTOR® LICENSED ASSISTANT

To the West Michigan Lakeshore Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am enclosing my payment in the amount of **\$400.00 for a one time application fee and an amount of annual dues as approved by the Board of Directors for the year 2010. Dues payable to West Michigan Lakeshore Association of REALTORS®.** My 2010 dues will be returned to me in the event of non-election. *Application fee is nonrefundable.* Upon submission of this application plus payment of required fees and confirmation of my provisional membership. I agree to attend a new member orientation program. Orientation must be completed during one of the next two (2) sessions, as offered by the Association. 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, and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association, and the National Association of REALTORS®. 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 the time frame 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.

I hereby submit the following information for your consideration **(Please Print Clearly)**:

Name _____ Residence Phone(____) _____
(As shown on your license)

Residence Address _____

City _____ State _____ ZIP CODE _____

S.S.# (last 4 digits) _____ Cell Phone(____) _____

E-mail _____ Web Address _____

Real Estate/Appraiser License #: _____ *(Please include a copy of your license, if available)*

BROKER SALESPERSON APPRAISER

Office Name _____ State License # _____

Corporate Name, if different than office name: _____

Office Address _____ NRDS # _____

City _____ State _____ ZIP CODE _____

Office Phone (____) _____ Office Fax (____) _____

AGENT INFORMATION

Nickname _____ Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____ Father's First Name _____

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 *previously* held membership in any other Association of REALTORS®? [] Yes [] No

If yes, name of Association and type of membership held: _____

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

And 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®? [] Yes [] No

If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] No

If so, where: _____

Number of years engaged in the real estate business: _____

Field of business (Specialties): _____

List any foreign languages you may speak: _____

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)

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? If yes, attach details: _____

Have you or your firm been convicted of a felony or other crime. If yes, attach 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 Association I shall pay the fees and dues as from time to time established. **NOTE:** Payments to West Michigan Lakeshore 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 a part of my membership.

Applicant's Signature _____ Broker's Signature _____