



APPLICATION FOR AFFILIATE MEMBERSHIP

To the Southeastern Indiana Board of REALTORS® 218 Fourth St., Aurora, IN 47001. I hereby apply for AFFILIATE® Membership in the above named Board and enclosing my check in the amount invoiced.

* Amount on invoice shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: Real Estate License #: _____

Home Inspector License #: _____

Licensed/certified appraiser: Yes No Appraisal License #: _____

Office Name:

Office Address:

Phone: _____ Fax: _____

E-Mail: _____

Residence Address:

Phone: _____ Fax: _____

E-Mail: _____ Cell Phone: _____

Preferred Mailing: Home Office Preferred Phone: Home Office

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: _____

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 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: _____. Are you a principal, partner, corporate officer or branch office manager? Yes No If yes, you must also complete 2nd page of this application.



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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 Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Southeastern Indiana Board 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.

Dated: Signature:

(Optional Information): Date of Birth: _____

Specialty: [] Residential [] Commercial [] Resort [] International [] Other:

_____ How long with current real estate firm? _____

Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm:

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 have any branch offices, please indicate and give address:



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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 years? If yes, provide details:

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Have you or you 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:

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Dated:

Signature: