



APPLICATION FOR REALTOR® MEMBERSHIP

To the Southeastern Indiana Board of REALTORS®, 218 Fourth St., Aurora, IN 47001. I hereby apply for REALTOR® Membership in the above named Board and enclosing my check in the amount of \$ for one time application fees and \$ pro rated Dues payable to [SEIBR]. Contact Board for pro-rated dues amount. My application fee and dues 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 Rules and Regulations of the above named Board, 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 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 Board 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®. \* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: \_\_\_\_\_

Licensed/certified appraiser: [ ] Yes [ ] No Appraisal License #: \_\_\_\_\_

Office Name: \_\_\_\_\_

:

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Residence Address:

\_\_\_\_\_



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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Personal 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: \_\_\_\_\_.

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: \_\_\_\_\_