



APPLICATION FOR APPRAISER MEMBERSHIP

To the Southeastern Indiana Board of REALTORS®, I hereby apply for APPRAISER Membership in the above named Board and am enclosing my check in the amount of \$ _____ for one time application fees and \$ _____ pro rated Dues payable to [SEIBR]. My application fee and dues will be returned to me in the event of non-election.

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

Name: _____

Real Estate 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: _____.

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: _____