



APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the Lakeland Association of REALTORS®, Inc. 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, and, 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 Association 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®.

Name: _____ Nick Name _____
As it appears on your Real Estate License

Membership: Designated REALTOR® (Qualifying Broker of Firm) REALTOR (Sales/Broker Associate with Firm)
 Primary Secondary – Name of Primary Association _____

If you are secondary or have ever held membership in another Association you must include a letter of good standing from them.

Real Estate License #: _____ Date of Birth: _____ Gender: Female Male

Home Address: _____
Street Name City State Zip Code

Mailing Address: _____
Same As Residence Street/P.O. Box City State Zip Code

Phone Numbers:
Agent Direct: _ (____) _____ Ext ____ Fax: _ (____) _____ Cell : _ (____) _____

E-Mail: _____ Website: _____

Preferred Mailing: ___ Home ___ Mailing ___ Office Preferred Phone: ___ Agent Direct ___ Office ___ Cell

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

If so, where: _____

Are you a licensed/certified appraiser: ___ Yes ___ No If so, Appraisal License #: _____

Are you presently, or have previously held membership in any Association of REALTORS®? ___ Yes ___ No

If yes, Name of Association: _____ Last Year Dues Paid _____

What is/ was your NAR membership # (NRDS): _____ Type of membership held: _____

Did you complete a New Member Orientation? ___ Yes ___ No Date Completed _____

Have you completed NAR's Quadrennial Code of Ethics training? ___ Yes ___ No Date Completed _____

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.)

Office Name: _____

Office Address: _____
Street City State Zip Code

Only New Offices need to complete the following:

Office Phone: _ (____) _____ Office Fax: _ (____) _____

Office E-Mail: _____ Office Website: _____

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

CQ/PR/BK License# _____ (DBPR must assign the CQ/BK License# prior to submitting application.)

Your position: ____ Principal ____ Partner ____ Corporate Officer ____ Majority Shareholder ____ 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: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details: _____

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: _____

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 annual fees and dues as set forth by the Board of Directors.

I understand that if I am applying as a “designated” REALTOR of a firm my dues obligation is directly related to the size of my real estate firm i.e., the number of individuals licensed with your firm. However, your dues obligation is fully credited with respect to any individual licensed with you who holds membership in an Association of REALTORS. Consequently, the variable portion of your dues as the “designated” REALTOR is computed only upon the number of individuals licensed with you who do not hold membership.

NOTE: Payments to the Lakeland Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. All fees and dues are non-refundable.

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.

Signature: _____

Dated: _____