

APPLICATION FOR REALTOR® MEMBERSHIP

To the POLK COUNTY ASSOCIATION OF REALTORS, I hereby apply for REALTOR® Membership in the above-named Board. My 2021 Dues payable will be made out to POLK COUNTY ASSOCIATION OF REALTORS. (Please contact Jana Fogg, Executive Officer to see what your dues will be in accordance with the month you are signing up.) My 2021 dues will be returned to me in the event of non-election.

I will attend new member orientation within 1 year of Association’s confirmation of provisional membership. 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 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 resign 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®.*

* = required field.

*First Name: Middle Name: *Last Name:

*Email Address: *Real Estate License #:

Licensed/certified appraiser: Yes No Appraisal License #:

*Office Name:

*Office Address: City: State:

Zip:

*Office Phone: - -

*Home Address: City: State:

Zip:

Cell Phone: - -

*Preferred Publication: Home Office Street Office Mail Alternate
Member Mail Alternate

*Preferred Mailing: Home Office Street Office Mail Alternate Member
Mail Alternate

*Preferred Phone: Home Office Cell

Are you presently a member of any other Association of REALTORS®? Yes No

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

Please enter NRDS number if known:

Have you previously held membership in any other Association of REALTORS®?

Yes No

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

Please enter NRDS number if known:

If you are now or have been a REALTOR® member before, please provide the following information:

Last date (year) of completion of NAR's Code of Ethics training requirement:

Do you have any unsatisfied discipline pending for a violation of the Code of Ethics?

Yes No

If yes, provide details:

How long with the current real estate firm? (years/months).

Previous real estate firm (if applicable):

Number of years engaged in the real estate business:

Field of Business (Specialties)

1.

Field of Business (Specialties)

2.

Field of Business (Specialties)

3.

Field of Business (Specialties)

4.

Languages spoken:

If you are a principal, partner, corporate officer or branch office manager you must complete the following information:

Company Information:

If other, please specify:

Position:

Name 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:

Address: City: State:

Zip:

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

If so, where:

Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful

authorities within the last three years? Yes No

If yes, provide details:

Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? Yes No

If yes, provide details:

* Birth Date (mm/dd/yyyy)

*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? Yes No

If yes, provide details:

*Are there pending ethics complaints against you? Yes No

If yes, provide details:

*Do you have any unsatisfied disciplines pending? Yes No

If yes, provide details:

*Are you a party to a pending arbitration request? Yes No

If yes, provide details:

*Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? Yes No

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the POLK COUNTY 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 Associations(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.

Please name your Principal Broker and their office address

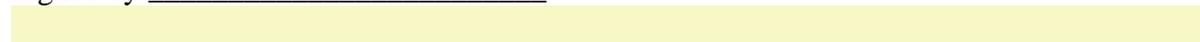
Name

Date

Received by date: _____

Voted on date: _____

Signed by: _____



POLK COUNTY ASSOCIATION OF REALTORS®

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