

## YOUR PREFERRED E-MAIL ADDRESS:

To the York Council of the Maine Association of REALTORS®, I hereby apply for REALTOR® Membership in the Association and am enclosing my payment in the amount of <u>\$20.00</u> for a one-time application fee and <u>\$237.64</u> for my 2024 Dues payable to the Maine Association of REALTORS®. My 2024 dues will be returned to me in the event of non-election. Application fee is nonrefundable. I AGREE to complete a code of ethics class and orientation within 180 days of Council'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®, and the Constitution, Bylaws and Rules and Regulations of the above named Council, 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 consent that the Council, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Council by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

**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®.

Amount shown is prorated according to month joining. Includes \$25 voluntary \*\* MARPAC contribution that may be reduced from your total. I hereby submit the following information for your consideration:

Name (Licensed):	Real Estate License #:
Licensed/certified appraiser:  Yes No Primary Field of Business:	Appraisal License #:
Office Name:	
Office Address:	
Phone: Fax:	Cell:
Home Address:	
Phone: Fax:	Cell:
Home Address:	d Phone: Office Home Cell
Are you <u>presently</u> a member of any other Association of REALTORS®:  Ves	s 🗌 No
If yes, name of Association and type of membership held:	
If previous REALTOR® membership, where:	
Have you been found in violation of the Code of Ethics or other membership du	
there any complaints pending? $\Box$ Yes $\Box$ No. If yes, provide details in an atta	ichment.
If you are now or have ever been a REALTOR®, indicate your NAR Membersh	np (NRDS) #:, and last date (year
completion of NAR's Code of Ethics training requirement: Are you a principal, partner, corporate officer or branch manager?	Te ( ) () and
Are you a principal, partner, corporate officer or branch manager?	If yes, you must complete the 2 <sup>nd</sup> page.
I hereby certify that the foregoing information furnished by me is true and correct information as requested, or any misstatement of fact, shall be grounds for revoce for membership in the Council, I shall pay the fees and dues as from time to time REALTORS® are not deductible as charitable contributions. Such payments me expense. No refunds. In the event I fail to maintain eligibility for membership, refund of dues and fees for any reason.	cation of my membership if granted. I further agree that, if accepte e established. <b>NOTE:</b> Payments to the Maine Association of ay, however, be deductible as an ordinary and necessary business
By signing below I consent that REALTOR® Associations (local, state, national the specified address, telephone numbers, fax numbers, email address or other m contact information provided by me in the future. This consent recognizes that c communications that I am waiving to receive all communications as part of my n	neans of communication available. This consent applies to change certain state and federal laws may place limitations on
Date: Signature:	Amount: \$
Payment Type: Company Check/Credit Card Personal Che	eck/Credit Card
Credit Card #:	Exp. Date: Code:
York County Council of the Maine Association of REALT Phone: (207) 622-7501   Email Application w/Payment Inform	

## IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION.

Company information:	Sole Proprietor	Partnership	Corporation	LLC (Limited I	Liability Corp.)		
Your position:	Principal	Partner	Corporate Offic	er Branch Of	fice Manager		
Names of other Principles	/Partners/Officers of you	ur firm:					
Have you ever been refuse If yes, state the basis for e							
Is the Office Address, as s If not, or if you have any							
In what areas of real estate	e do you specialize?						
Do you hold, or have you If so, where:				□ No			
Have you or your firm bea Yes No If yes, provide details:					ears?		
Have you or your firm bed jurisdiction of a felony or If yes, provide details:	other crime?	□ No			court of competent		
agree that, if accepted for	quested, or any misstate membership in the Cour ssociation of REALTOR	ment of fact, shal ncil, I shall pay th S® are not deduc	l be grounds for revoo e fees and dues as fro tible as charitable con	cation of my membe om time to time estab	ership if granted. I further		
By signing below I conser may contact me at the spe This consent applies to ch federal laws may place lir	cified address, telephone anges in contact informa	e numbers, fax nu ation provided by	mbers, email address me in the future. Thi	or other means of consent recognized	ommunication available. s that certain state and		
Date:	Signature:			Amount: \$			
Payment Type: 🗖 Com	pany Check/Credit Ca	rd 🛛 Personal	Check/Credit Card				
Credit Card #:			E	xp. Date:	Code:		
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