

Credit Card #: \_\_\_\_

## APPLICATION FOR REALTOR® MEMBERSHIP - July

## YOUR PREFERRED E-MAIL ADDRESS: \_\_\_

To the Aroostook 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 \$20.00 for a one-time application fee and \$281.48\*\* 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: Real Estate License #: Name (Licensed): Licensed/certified appraiser: 

Yes

No

Appraisal License #: Primary Field of Business: Office Name: \_\_\_\_\_ Office Address: \_\_\_\_\_Phone: \_\_\_\_ Home Address: 
 Phone:
 Fax:
 Cell:

 Preferred Mailing Address:
 Office
 Home
 Preferred Phone:
 Office
 Home
 Cell
 Optional Information: Date of Birth: Are you <u>presently</u> a member of any other Association of REALTORS®: 

Yes 

No If yes, name of Association and type of membership held: If <u>previous</u> REALTOR® membership, where:

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any complaints pending? 

Yes 

No. If yes, provide details in an attachment. completion of NAR's Code of Ethics training requirement: \_\_\_\_\_\_. completion of NAR's Code of Ethics training requirement: \_\_\_\_\_.

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, 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 Council, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Maine Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. In the event I fail to maintain eligibility for membership, or discontinue membership, I understand I will not be entitled to a refund of dues and fees for any reason. By signing below I consent that REALTOR® Associations (local, state, national) and their subsidiaries (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 provided by me in the future. This consent recognizes that certain state and federal laws may place limitations on communications that I am waiving to receive all communications as part of my membership. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Payment Type: □ Company Check/Credit Card □ Personal Check/Credit Card

Aroostook Council of the Maine Association of REALTORS®, 19 Community Drive, Augusta, ME 04330 Phone: (207) 622-7501 | Email Application w/Payment Information to <a href="mailto:Bonnie@mainerealtors.com">Bonnie@mainerealtors.com</a> for Processing.

Exp. Date: Code:

\*\*Contributions to RPAC are not deductible for federal income tax purposes. Contributions are voluntary and are used for political purposes. The amounts indicated are merely guidelines and you may contribute more or less than the suggested amounts. The National Association of REALTORS® and its state and local associations will not favor or disadvantage any member because of the amount contributed or decision not to contribute. You may refuse to contribute virhout reprisal. 70% of each contribution is used by the Maine Association of REALTORS® PAC to support state and local political candidates; 30% is sent to National RPAC to support federal candidates and is charged against your limits under 52 U.S.C. 30116. After reaching its NAR RPAC goal, the Maine Association of REALTORS® PAC may retain your entire contribution for use in supporting state and local candidates. NOT PAID FOR OR AUTHORIZED BY ANY CANDIDATE. Paid for by the Maine Association of REALTORS® PAC, 19 Community Drive, Augusta, Maine 04330.

## $\underline{\text{IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS} \underline{\text{APPLICATION.}}$

Company information:	Sole Proprietor	Partnership	Corporation	LLC (I	Limited Liability Corp.)
Your position:	Principal	Partner	Corporate Offi	cer B	ranch Office Manager
Names of other Principles/	Partners/Officers of y	your firm:			
Have you ever been refuse If yes, state the basis for ea					No
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:					
In what areas of real estate	do you specialize?				
Do you hold, or have you ever held, a real estate license in any other state?   Yes   No  If so, where:					
Have you or your firm bee ☐ Yes ☐ No If yes, provide details:					•
Have you or your firm been jurisdiction of a felony or of If yes, provide details:	other crime?   Yes	□ No			t of any court of competent
accurate information as recagree that, if accepted for repayments to the Maine Assideductible as an ordinary and By signing below I consens may contact me at the specifies consent applies to characteristics.	quested, or any misstanembership in the Cosociation of REALTO and necessary busines that the REALTOR diffed address, telephonges in contact infor	ntement of fact, shouncil, I shall pay of DRS® are not deduced as expense. No ref  B Associations (loone numbers, fax remation provided by	all be grounds for revolute fees and dues as fractible as charitable counds.  ocal, state, national) arounders, email address y me in the future. The	ocation of my om time to to ontributions.  d their substance or other mais consent re-	ailure to provide complete and y membership if granted. I further ime established. <b>NOTE:</b> Such payments may, however, be idiaries (e.g., MLS, Foundation) eans of communication available. ecognizes that certain state and ons as part of my membership.
Date: Payment Type: Comp	Signatur	e:			Amount: \$
Payment Type: ☐ Comp Credit Card #:					Code:

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