

APPLICATION FOR REALTOR® MEMBERSHIP - May

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 <u>\$20.00</u> for a one-time application fee and <u>\$340.32</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 Primary Field of Business:		Appraisal I	License #:			
Office Name:						
Office Address:						
Phone	Fav		Cell:			
Hone:						
Phone:	Fax:		Cell:			
Preferred Mailing Address: Of	fice Home	Preferred Phone:	Office	Home	Cell	
Optional Information: Date of Birth:						
If yes, name of Association and type of m If <u>previous</u> REALTOR® membership, we Have you been found in violation of the O there any complaints pending? If you are now or have ever been a REAL completion of NAR's Code of Ethics train Are you a principal, partner, corpo I hereby certify that the foregoing informa- information as requested, or any misstated for membership in the Council, I shall pay REALTORS® are not deductible as chari expense. No refunds. In the event I fail to refund of dues and fees for any reason.	here: Code of Ethics or other m No. If yes, provide de _TOR®, indicate your N. ning requirement: orate officer or branch ation furnished by me is ment of fact, shall be gro y the fees and dues as fro itable contributions. Such to maintain eligibility for	hembership duties in any A etails in an attachment. AR Membership (NRDS) h manager? If true and correct, and I agree ounds for revocation of my om time to time established h payments may, however, membership, or discontinu	 Association of REA #: yes, you must construction ee that failure to promembership if grants I. NOTE: Paymer be deductible as a use membership, I use 	LTORS® in the omplete the 2 ovide complete nted. I further and the to the Maine and ordinary and understand I wil	and last date (year) of and page. and accurate agree that, if accepted Association of necessary business l not be entitled to a	
By signing below I consent that REALTC the specified address, telephone numbers, contact information provided by me in the communications that I am waiving to rece	, fax numbers, email addi e future. This consent rea	ress or other means of com cognizes that certain state	munication availab and federal laws m	ole. This conse ay place limitat	nt applies to changes in tions on	
Date:				Amount: \$		
Payment Type: 🛛 Company Checl			<mark>Card</mark>			
Credit Card #:			_ Exp. Date: _		Code:	
Aroostook Council of th Phone: (207) 622-7501 Er						

**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 vithout reprisal. 70% of each contribution is used by the Maine Association of REALTORS® PAC to support state and local 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 additates. NOT PAID FOR OR AUTHORIZED BY ANY CANDIDATE. Paid for by the Maine Association of REALTORS® PAC, 19 Community Drive, Augusta, Maine 04330.

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 Liability Corp.)
Your position:	Principal	Partner	Corporate Off	icer Branch Office Manager
Names of other Principles	s/Partners/Officers of you	ar firm:		
Have you ever been refus If yes, state the basis for e				□ Yes □ No
Is the Office Address, as If not, or if you have any)
In what areas of real estat	e do you specialize?			
Do you hold, or have you If so, where:				□ No
□ Yes □ No				within the last there years?
If yes, provide details:				
jurisdiction of a felony or	other crime?	□ No		inal judgment of any court of competent
accurate information as re agree that, if accepted for Payments to the Maine A deductible as an ordinary	equested, or any misstate membership in the Cour ssociation of REALTOR and necessary business of	ment of fact, shall ncil, I shall pay th S® are not deduc expense. No refu	l be grounds for rev e fees and dues as f tible as charitable c nds.	I agree that failure to provide complete and rocation of my membership if granted. I further from time to time established. NOTE: rontributions. Such payments may, however, be
By signing balow I conso	nt that the DEALTOD®	Associations (los	al stata national) a	nd their subsidiaries (a.g. MIS Foundation)

By signing below I consent that the 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:	ate: Signature:			
Payment Type:	Company Check/Credit Card	Personal Check/Credit Card		
Credit Card #: _		Exp. Date:		Code:

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