AROOOSTOOK COUNCIL REALTOR® MEMBERSHIP APPLICATION – October

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 providing my payment in the amount of \$50.00 for a one-time application fee and \$193.50** for my 2025 Dues to the Maine Association of REALTORS®. My 2025 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, fair housing class and review orientation materials 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 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 not be completed within the 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®.

The 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 informa	mon for your considera	tion.			
Name (Licensed):				Real Estate License #:	
				Appraisal License #:	
Office Name:					
Office Address:					
Phone:	Fax: _			Cell:	
Home Address:					
Phone:	Fax: _			Cell:	
Home Address: Phone: Preferred Mailing Address: Optional Information: Date of	Office f Birth:	_ Home	Preferred Phone:	Office _	Home Cell
there any complaints pending? If you are now or have ever been completion of NAR's Code of Eth Are you a principal, partner. I hereby certify that the foregoing information as requested, or any n for membership in the Council, I selected.	of the Code of Ethic Yes \(\subseteq No. \) If yes, a REALTOR®, indinics training requirem, corporate officer information furnishmisstatement of fact, shall pay the fees and as charitable contribut I fail to maintain elements.	s or other me provide detai cate your NA nent: or branch ed by me is to shall be ground dues as fron utions. Such	embership duties in any ils in an attachment. AR Membership (NRD) manager? I ue and correct, and I a nds for revocation of mention time to time establish payments may, however.	f yes, you must co gree that failure to proper membership if graded. NOTE: Payme ter, be deductible as	rovide complete and accurate anted. I further agree that, if accepted
	PEALTOP® Associ	ations (local.	-4-44 ¹ 1)1 41		
the specified address, telephone no contact information provided by n	umbers, fax numbers ne in the future. Thi	s, email address consent reco	ess or other means of coognizes that certain sta	ommunication availate and federal laws n	MLS, Foundation) may contact me at able. This consent applies to changes in any place limitations on
	umbers, fax numbers ne in the future. Thi g to receive all comm	s, email address consent reconunications a	ess or other means of coognizes that certain states part of my membersh	ommunication availa te and federal laws n ip.	able. This consent applies to changes in ay place limitations on
the specified address, telephone no contact information provided by no communications that I am waiving	umbers, fax numbers ne in the future. Thi g to receive all comm Signature	s, email address consent reconunications as	ess or other means of cognizes that certain states part of my membersh	ommunication availa te and federal laws n ip.	able. This consent applies to changes in ay place limitations on

**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 without 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.

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

IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION. ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC (Limited Liability Corp.) Company information: Principal ____ Partner ___ Corporate Officer Branch Office Manager Your position: Names of other Principles/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? \Box Yes \Box 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 been found in violation of state real estate licensing regulations within the last three years? □ Yes 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? \square Yes \square 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 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. 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.

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Exp. Date: Code:

Date: ______ Signature: _____ Amount: \$_____

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

Credit Card #: