

APPLICATION FOR REALTORS® MEMBERSHIP



APPLICANT'S PREFERRED E-MAIL Address: \_\_\_\_\_

To the Hot Springs Board of REALTORS®, I hereby apply for REALTOR® membership in the Hot Springs Board of REALTORS® (HSBOR). In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS® (NAR), and the Constitution, Bylaws and Rules and Regulations of the HSBOR, the Arkansas REALTORS® Association, and the NAR, and if required I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such codes, constitutions, bylaws and rules and regulations. I consent that the HSBOR, 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/or comment furnished to the HSBOR by any person in response to the invitation shall be conclusively deemed to be privileged and not from 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 HSBOR Bylaws.

NOTES: (1) Applicant acknowledges that if accepted as a member, and he/she subsequently resigns from the HSBOR or otherwise causes membership to terminate with an ethics complaint pending, the HSBOR 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®. (2) Required fees for joining the HSBOR are prorated according to quarter joining.

I hereby submit the following information for your consideration:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you hold yourself out to the general public as being actively engaged in the real estate business? \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ First entered the real estate business in: \_\_\_\_\_

Have you been engaged continuously in the business since then? \_\_\_\_\_ If not, what years in R.E.? \_\_\_\_\_

In what other business have you been engaged? \_\_\_\_\_

Are you now employed or engaged in any other business? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable) \_\_\_\_\_

Are you a member of any other real estate Board/Council of REALTORS®? \_\_\_\_\_

If yes, name of Board/Council and type of membership held \_\_\_\_\_

Have you previously held membership in any other Board/Council of REALTORS®? \_\_\_\_\_

If yes, name of Board/Council and type of membership held \_\_\_\_\_

If you are now or have ever been a REALTOR®, indicate your NAR membership no. (NRDS) \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you filed for bankruptcy on the last three years? \_\_\_\_\_

Are you a designated broker or branch manager? \_\_\_\_\_ If yes, you must also complete a 2nd page of this application.

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 required, 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 HSBOR, I shall pay fees and dues as from time to time established. NOTE: Payments to the HSBOR are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. NO REFUNDS.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_