

NAME \_\_\_\_\_

DATE \_\_\_\_\_

(Please print)



## Application for Realtor® Membership

2324 Crossroads Blvd. Waterloo, IA 50702



To the Northeast Iowa Regional Board of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board as a

Primary  Secondary member  MLS only,  
and I am enclosing my dues/fees payment by:

Make check payable to: NEIRBR, in the amount of

CASH  CHECK  CREDIT CARD

Application fee is nonrefundable.

I will attend the Orientation Program of the Northeast Iowa Regional Board of REALTORS within **30 days** of the Board's confirmation of provisional membership. As part of my orientation requirement, I agree to complete the *Code of Ethics New Member Training*. (Go to: [www.Realtor.org](http://www.Realtor.org) and click on the link to Code of Ethics training.) On completion, a copy of my certificate will be submitted to the Board. I understand that failure to satisfy this requirement within 30 days of the date of application (or, alternatively, the date that provisional membership was granted), will result in denial of the membership application or termination of provisional membership.

In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Board, the Iowa 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 understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within time frame established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

I understand that if I choose to Participate in the NEIRBR MLS, I am required to attend training. MLS access may be suspended or terminated if required training has not been attended within the Orientation Program Period.

*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®.*

\_\_\_\_\_  
Signature

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr, III, Sr, etc) \_\_\_\_\_

Nickname (DBA) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Licensed/certified appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

**COMPANY INFORMATION:**

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

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred Mailing:  Home  Office address

**PREFERRED MAILING / CONTACT INFORMATION:**

Preferred phone:  home  office  cell \_\_\_\_\_

Preferred e-mail  primary email \_\_\_\_\_

Preferred mailing:  home  office \_\_\_\_\_

Mail Publications to:  home  office \_\_\_\_\_

**Applicant Information Please complete the following:**

Date of Birth: \_\_\_\_\_ How long with current real estate firm ? \_\_\_\_\_

Previous real estate firm (if applicable): \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_

Field of Business (Specialties): \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Committee interests \_\_\_\_\_ Would be interested in serving on a

Board committee: \_\_\_\_\_

1. Are you presently a member of any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_

2. Have you previously held membership in any other Association of REALTORS®?  Yes  No

If yes, name of Association and type of membership held: \_\_\_\_\_

3. Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending?  Yes  No

(If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your

NAR membership (NRDS) #: \_\_\_\_\_

Company information: Sole Proprietor Partnership Corporation

Your position: Principal Partner Corporate Officer Majority Shareholder  
Branch Office Manager Nonprincipal Licensee

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_

4. 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:

\_\_\_\_\_

5. 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:

\_\_\_\_\_

6. Do you hold, or have you ever held, a real estate license in any other state  Yes  No

Is so, where: \_\_\_\_\_

7. Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? If yes, provide details: \_\_\_\_\_

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9. If Broker owner: I do not have a record of or have a pending bankruptcy in last 3 years (see full instructions, Article V, Section 2a\* note)  Yes  No

If a Licensee: Name of Designated Realtor member of NEIRBR or Designated Realtor member of another Board (if requesting for secondary membership) associated with \_\_\_\_\_

List place of business or place of business with Iowa or a state contiguous thereto (unless a secondary member)

I do  do not have record of official sanctions involving unprofessional conduct in the past 3 years. (see full instructions Article V, Section 2a\*\* note).

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the **Northeast Iowa Regional Board 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, if any (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 that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

**Dated:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_ **Broker's Signature:** \_\_\_\_\_

**Information to be supplied by Local Association:**

Join Date \_\_\_\_\_ Status: ( ) Active, ( ) Provisional

Primary Local Association NRDS ID # \_\_\_\_\_

Primary State Association NRDS Office ID # \_\_\_\_\_

Office ID: # \_\_\_\_\_ (if broker)

Office Contact DR \_\_\_\_\_ Office Contact Mgr \_\_\_\_\_

Number of Non-Member Licensees \_\_\_\_\_