

APPLICATION FOR
CHAUTAUQUA-CATTARAUGUS BOARD OF REALTORS®, INC.
MEMBERSHIP

Welcome to the Chautauqua-Cattaraugus Board of REALTORS®, Inc., I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of *\$_____ *for my Board Dues payable to CCBR. The above amount will be returned to me in the event of non-election. 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, and the Constitution, Bylaws and Rules and Regulations of the above named Board, 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 within one year of joining said Board. 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 the timeframe 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.

*Amount shown is prorated according to monthly joining.

NOTE: Applicant acknowledges that is accepted as a member and he/she subsequently resigns from the Board 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®.

I hereby submit the following information for your consideration: Mr. Mrs. Miss Ms.

| | | | |
|--|---|--|--|
| (First Name) | (Middle Initial) | (Last Name) | (Suffix) |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | | *Date of Birth _____ (MM/DD/YYYY) | |
| License Number: _____ | | License Expiration Date: _____ (MM/DD/YYYY) | |
| Type of License: | Broker <input type="checkbox"/> Associate Broker <input type="checkbox"/> | Salesperson <input type="checkbox"/> | Appraiser <input type="checkbox"/> |
| Type of Membership: | REALTOR® <input type="checkbox"/> | AFFILIATE <input type="checkbox"/> | |
| Office Name: _____ | | | |
| Office Address: _____ | | | |
| Office Phone: _____ | | Office Fax: _____ | Office E-Mail: _____ |
| Office Website: _____ | | | |
| Home Address: _____ | | City _____ | State _____ |
| Home/Direct Phone: _____ | | *Cell Phone: _____ | Accepts Text Messages: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Personal E-Mail: _____ | | | |
| Personal Website: _____ | | | |
| Preferred Mailing Address: Home <input type="checkbox"/> Office <input type="checkbox"/> | | Preferred Phone: Home <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> | |
| Are you currently a member of any other association for REALTORS®? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, name of the association and type of membership held: _____ | | | |
| NRDS ID #: _____ | | | |

NYSAR Recommended Standard Application

Have you previously held membership in any other association of REALTORS®? YES NO

If yes, name of the association and type of membership held: _____

NRDS ID #: _____

Have you ever refused membership in any other association of REALTORS® YES NO

If yes, state the basis for such refusal and detail the circumstances related thereto: _____

Have you been found in violation of the Code of Ethics or other membership duties in the past three years? YES NO

If yes, provide details as an attachment.

Do you have any Code of Ethics complaints pending? YES NO

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status of the complaint as an attachment.

Have you been found in violation of state real estate licensing regulations within the last three years? YES NO

If yes, provide details: _____

Has your licensed ever been suspended or revoked? YES NO

If yeas, specify the place(s) and date(s) of such action, and detail the circumstances relating to the suspension or revocation. _____

Have you been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court competent jurisdiction of a felony or other crime? YES NO

If yes, provide details: _____

Principal/Brokers answers only

Record the names and titles of all other Principals, Partners, Corporate Officers, or Trustees of your firm.

Has your firm been found in violation of state real estate licensing regulations within the last three years? YES NO

If yes, provide details: _____

Has 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? YES NO

If yes, provide details: _____

Area of Specialization:

Field of Business Descriptions

Mandatory By NAR

Please Mark "P" for Primary and "S" for Secondary
(1 Primary and up to 3 Secondary)

| <u>Residential</u> | | <u>Commercial</u> | |
|--------------------|--|-------------------|--|
| 100 | General Residential Sales | 200 | General Commercial Sales/Leasing |
| 101 | Existing Homes (Resales) | 201 | Industrial Sales/Leasing |
| 102 | New Homes | 202 | Office Sales/Leasing |
| 103 | Buyer Brokerage | 203 | Retail Sales/Leasing |
| 104 | Manufactured Homes (Including Mobile Homes) | 204 | Land Sales/Leasing |
| 105 | Residential Lots | 205 | Multi-Family Sales/Leasing |
| 106 | Resort Specialist | 206 | Property Management |
| 107 | Condominiums | 207 | Appraiser |
| 108 | International | 208 | International |
| 109 | Appraisal | 209 | Exchanges |
| 110 | Second Homes | 210 | Tenant Representative |
| 111 | Vacation Homes | 211 | Investment Sales |
| 112 | Timeshare Sales | 212 | Hotel/Leisure |
| 113 | Farm and Ranch | 213 | Residential Investment (Non-Owner Occupied |
| 120 | Brokerage Management | 220 | Brokerage Management |
| 121 | Corporate Management | 221 | Corporate Management |
| 122 | Sales Management | 222 | Trainer/Instructor/Educator |
| 123 | Trainer/Instructor/Educator | 223 | Marketing/Research |
| 124 | Marketing Research | 224 | Office Admin Support Staff-Licensed |
| 125 | Office Admin Support Staff-Licensed | 225 | Office Admin Support Staff-Unlicensed |
| 126 | Office Admin Support Staff-Unlicensed | 226 | Asset/Portfolio Management |

Other

| | | | |
|-----|-------------------------------|-----|--|
| 300 | Auctioneer | 401 | Association General Counsel-Board Attorney |
| 301 | General Appraisal | 402 | Attorney |
| 302 | General Real Estate | 424 | Elected Official-Local |
| 303 | Young Professionals Network | 432 | Home Inspector |
| 310 | Personal Assistant-Licensed | 433 | Home Repair Contractor/Supplier |
| 311 | Personal Assistant-Unlicensed | 460 | Mortgage Banker/Broker |
| 312 | Economic Development | 461 | Mortgage Loan Originator/Processor |
| 313 | Financial Services | 475 | Surveyor |
| 316 | Relocation | 480 | Termite Inspector |

* Member Response is optional

Approved by Board of Directors: 09/18/2007

NYSAR Recommended Standard Application

Please indicate any professional designations that you currently hold. (Check all that apply.)

| Name | | Date |
|--------------------------|--|-------------|
| <input type="checkbox"/> | ABR Accredited Buyer's Representative | |
| <input type="checkbox"/> | ALC Accredited Land Consultant | |
| <input type="checkbox"/> | CCIM Certified Commercial Investment Member | |
| <input type="checkbox"/> | CIPS Certified International Property Specialist | |
| <input type="checkbox"/> | CPM Certified Property Manager | |
| <input type="checkbox"/> | CRB Certified Real Estate Brokerage Manager | |
| <input type="checkbox"/> | CRS Certified Residential Specialist | |
| <input type="checkbox"/> | CRE Counselor of Real Estate | |
| <input type="checkbox"/> | GAA General Accredited Appraiser | |
| <input type="checkbox"/> | GREEN NAR's Green Designation | |
| <input type="checkbox"/> | GRI Graduate, REALTOR® Institute | |
| <input type="checkbox"/> | PMN Performance Management Network | |
| <input type="checkbox"/> | RCE REALTOR® Association Certified Executive | |
| <input type="checkbox"/> | RAA Residential Accredited Appraiser | |
| <input type="checkbox"/> | SRS Seller Representative Specialist | |
| <input type="checkbox"/> | SIOR Society of Industrial & Office REALTORS® | |
| <input type="checkbox"/> | SRES Seniors Real Estate Specialist | |

*Are you a registered voter? **YES** **NO**

***Educational Level**

- High School
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Other

***Ethnicity**

- Asian/Pacific American
- Black/African American
- Hispanic
- Native American
- White/Caucasian
- Other

*Foreign Languages spoken: _____

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 Chautauqua-Cattaraugus Board of REALTORS, Inc. 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, e-mail 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: _____