

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 Associate Broker Salesperson Appraiser			
Type of Membership: REALTOR® AFFILIATE			
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 N			
Personal E-Mail: _____			
Personal Website: _____			
Preferred Mailing Address: Home Office Preferred Phone: Home Office Cell			
Are you currently a member of any other association for REALTORS®? YES NO			
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 Prinoipals, 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: _____

* Member Response is optional

Approved by Board of Directors: 09/18/2007

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

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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: _____

* Member Response is optional

Approved by Board of Directors: 09/18/2007



**CHAUTAUQUA-CATTARAUGUS
BOARD OF REALTORS®, INC**

303 West Sixth Street
Jamestown, NY 14701

Phone: (716) 484-9426
Fax: (716) 484-1064

TO: All MLS Users
FROM: MLS/Computer Committee
RE: MLS Password Confidentiality

Upon recommendation of the MLS/Computer Committees, the Board of Directors has changed the MLS Rules & Regulations to incorporate abuse of passwords (giving them out to unauthorized people). The following has been added to Section 10: CONFIDENTIALITY OF MLS INFORMATION. (a) All Passwords used by Participants (DR®) and those associated with them (Users) to enter the MLS Database shall be considered confidential and exclusively for the use of authorized Participants and Users.

Put into place is a fine of \$500.00 to the DR® and thirty (30) day suspension of the User with possible thirty (30) day suspension for the entire Firm found violating the confidentiality of the MLS data, which includes giving out their password. This will be added to Section 6 (d) to deal with the consequences of password abuse as determined by a hearing according to Section 9.1.

We want each User to understand the complications and problems giving out this password could cause. Records and data can be changed, confidential remarks meant for agent eyes only can be read, expiration dates and history can be accessed and/or changed. Think of it as opening your files (and those of every other office) and saying, "Help yourself!" The liability is tremendous - especially when you consider it in terms of Agency and acting as a Fiduciary. It is NOT like giving out the old MLS Book which carried outdated data and no changes or access to confidential data could be done.

The Board has the technology in place to track passwords. The DR® (Participant) will be responsible for all those Users under his/her license. Anyone found guilty of this password abuse, can and will be charged with violation of Section 10 which will carry a fine of \$500.00 to the DR® and a Thirty (30) day suspension to the User with possible thirty (30) days suspension from the MLS for the entire firm.

We want to make sure each member of the board has been advised of the consequences of giving out their password, so there are no misunderstandings. Therefore, we would like each Participant (DR®) and User to sign that they have read this memo.

I, _____ have Read and Understood the above.

Dated _____

* This memo must be signed and returned with SoftMLS Information Sheet to obtain access to the database.

Chautauqua-Cattaraugus Board of REALTORS® , Inc.
303 West Sixth Street
Jamestown, NY 14701
716-484-9426
716-484-1064
Email: kriswhitmoreccbr@gmail.com
Website: www.cabrmls.com

MATRIX Agent Information Sheet

Each MLS agent has information on our Matrix website. Since this personal information is available on the world wide web, we feel you should be involved in the information entered for you.

Starred * items are available to the public on the REALTOR DIRECTORY.

Bolded items are required.

You may leave items blank if not required. You may enter your office address, office phone, etc. if desired.

Please e-mail us a nice photo (jpeg file, 150 x 200 pixels) of yourself for your firm's roster poster.

- **Name: (First, MI, Last)** _____
- Address: _____
- City: _____
- State: _____ Zip: _____
- Office Phone: _____ Extension: _____
- Home Phone: _____
- Cell Phone: _____ Accept Text Message: Y N
- Email: _____
- Web Page: _____
- Password: Temporary One will be assigned.
- License #: _____
- License Type: Broker Associate Broker Salesperson Appraiser Staff

Please return this by email, fax, snail mail, or in person. Do not phone it in. Thanks.

I authorize this information for the MLS web site _____
Signature & date

Board Office Only: Do Not Write in This Box

Status: A I Date: _____ Agent ID: _____
Office Code: _____ Office Name: _____
NRDS# _____
User Type: _____ User Title: _____
MUC: HBI OBI AI Instanet Super User: Y N

Regional Board: GRAR

SubBoard: Chaut-Catt