

DEKALB COUNTY ASSOCIATION OF REALTORS

APPLICATION FOR INDIVIDUAL MEMBERSHIP

I, _____ am applying for membership in the above Association and attach my check for the processing fee in the amount of \$200.00 which I understand will be returned to me if I am not accepted for membership.

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS, including the obligation to arbitrate any future disputes with another member in accordance with the Association's arbitration procedures. I also agree to abide by the Constitution, Bylaws, and Rules and Regulations of the Alabama Association and the National Association. I consent that the Association, 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 comment furnished to the Association by any person in response to the invitation shall be exclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

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 the membership lapses or is terminated, provided the dispute arose while the applicant was a REALTOR.

I hereby submit the following information for your consideration:

Name as shown on license _____ License No. _____

Firm Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-mail: _____

Residence Address: _____

Phone: _____ Fax: _____ E-mail: _____

Cell Phone: _____ Preferred Mailing: Home/Office _____ Preferred Phone: Home/Office/Cell _____

Education Level: High School _____ College _____ Other _____

Are you presently a member of any other Association/Board of REALTORS? _____ Yes _____ No

If yes, name of Association/Board and type of membership held: _____

Have you previously held membership in any other Association/Board of REALTORS? _____ Yes _____ No

If yes, name of Association/Board and type of membership held: _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association/Board 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) # _____ and last date (year) of completion of NAR's Code of Ethics training requirement: _____

Are you a principal, partner, corporate officer or branch office manager? _____ Yes _____ No. If yes, you must also complete The 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 and 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 Association, I shall pay the fees and dues as from time to time established.

Signed: _____ Date _____

ACTION BY MEMBERSHIP COMMITTEE/BOARD OF DIRECTORS

Membership Approved _____ Signed: _____ Date _____

DeKalb County Association of REALTORS Membership Chairman
Lynn Crow, PO Box 680623, Fort Payne, AL 35968