



Lincoln County Board of REALTORS®
2403 NW Hwy 101, Suite I
Lincoln City, OR 97367

Appraiser Membership Application Fee \$50.00
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I am applying for membership in the Lincoln County Board of REALTORS® as:

- DESIGNATED APPRAISER** – Owner or principal appraiser responsible for the Appraisal firm.
- ASSOCIATED APPRAISER** – Appraiser associated with an appraiser or Realtor® firm but NOT as the Designated Appraiser or owner.
- SECONDARY APPRAISER** – Appraiser currently holding primary membership in a Realtor® Association/Board other than LCBR. (call for dues amount). My primary Association/Board is: _____
- TRANSFERRING APPRAISER** - Appraiser transferring membership from another Realtor® Association or Board (call for dues amount). My previous Association/Board was: _____

My NAR/NRDS I.D. number is: _____ My last Code of Ethics training was taken on: _____

First Name: _____ Middle Initial: __ Last Name: _____

License Number: _____

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Physical Home Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Website: _____

Cell Phone: _____ Emergency Phone: _____

Preferred Phone: _____ Cell Home Office Other

Preferred Mailing: Home (Physical) Office Mailing Address

Have you previously held membership in any REALTOR® Association/Board No Yes

If yes, which one(s): _____

If accepted as a member, I agree to the following conditions of membership in the Lincoln County Board of REALTORS® (please read carefully and initial)

_____ I agree to abide by the Constitution , Bylaws, and the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® (NAR), the Oregon Association of Realtors® (OAR), and the Lincoln County Board of Realtors® (LCBR).

_____ I understand that e-mail communication is the primary form of communication from LCBR, and I will read and respond accordingly to emails received from LCBR.

_____ I will promptly advise LCBR of any changes to my contact information; i.e., e-mail addresses, mailing address, phone number, etc.

_____ I understand that my dues will be returned to me in the event that I am not accepted to membership.

Note: Applicant acknowledges that if 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.

By my signature below, I certify the accuracy of this application

Signature: _____ **Date:** _____

Please submit applicable prorated amount below, which includes dues for LCBR, NAR and OAR. **Dues are non-refundable.**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
\$545.00	\$508.75	\$472.50	\$436.25	\$400.00	\$363.75	\$327.50	\$291.25	\$255.00	\$219.75	\$182.50	\$146.25

Payment Options:

Credit Card: \$ _____

Card Number: _____ Security Code: _____ Exp Date: _____

Billing Address: _____

Name on Card (please print): _____

Signature: _____

Check: \$ _____

Cash: \$ _____

If paying by check or credit card you may submit this application by US mail, email or fax. If paying by cash, please present your application in person.

Lincoln County Board of REALTORS®
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