

APPLICATION FOR REALTOR® MEMBERSHIP - January

YOUR PREFERRED E-MAIL ADDRESS: ___

To the Maine Commercial Association of REALTORS®, I hereby apply for REALTOR® Membership in the Association and am enclosing my payment in the amount of \$573.00** for my 2024 Dues payable to the Maine Association of REALTORS®. My 2024 dues will be returned to me in the event of non-election. I AGREE to complete a code of ethics and orientation within 180 days of Board's confirmation of provisional membership. Failure to meet this requirement may result in having my membership terminated. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, 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. I consent that the Board, 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 Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

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®.

Amount shown is prorated according to month joining. Includes \$25 voluntary** MARPAC contribution that may be reduced from your total. I hereby submit the following information for your consideration: Name (Licensed): ___ Real Estate License #: ____ Appraisal License #: ____ Real Estate License #: Licensed/certified appraiser:

Yes

No Primary Field of Business: Office Name: ______Office Address: _____ Phone: Home Address:
 Phone:
 Fax:
 Cell:

 Preferred Mailing Address:
 Office
 Home
 Preferred Phone:
 Office
 Home Cell Optional Information: Date of Birth: Are you <u>presently</u> a member of any other Association of REALTORS®:

Yes

No If yes, name of Association and type of membership held: If previous REALTOR® membership, where: Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any complaints pending?

Yes

No. If yes, provide details in 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 manager?

If yes, you must complete the 2nd page. 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 Maine Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. In the event I fail to maintain eligibility for membership, or discontinue membership, I understand I will not be entitled to a refund of dues and fees for any reason. By signing below, I consent that REALTOR® Associations (local, state, national) and their subsidiaries (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 provided by me in the future. This consent recognizes that certain state and federal laws may place limitations on communications that I am waiving to receive all communications as part of my membership. Signature: Payment Type: Company Check/Credit Card Personal Check/Credit Card

Maine Commercial Association of REALTORS®, 19 Community Drive, Augusta, ME 04330 Phone: (207) 622-7501 | Email Application w/Payment Information to Bonnie@mainerealtors.com for Processing.

Exp. Date: Code:

Credit Card #:

**Contributions to RPAC are not deductible for federal income tax purposes. Contributions are voluntary and are used for political purposes. The amounts indicated are merely guidelines and you may contribute more or less than the suggested amounts. The National Association of REALTORS® and its state and local associations will not favor or disadvantage any member because of the amount contributed or decision not to contribute. You may refuse to contribute without reprisal. 70% of each contribution is used by the Maine Association of REALTORS® PAC to support state and local political candidates; 30% is sent to National RPAC to support federal candidates and is charged against your limits under 52 U.S.C. 30116. After reaching its NAR RPAC goal, the Maine Association of REALTORS® PAC may retain your retain contribution for use in supporting state and local candidates. NOT PAID FOR OR AUTHORIZED BY ANY CANDIDATE. Paid for by the Maine Association of REALTORS® PAC, 19 Community Drive, Augusta, Maine 04330.

IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION.

Company information:	Sole Proprietor _	Partnership	Corporation _	LLC (Lim	ited Liability Corp.)	
Your position:	Principal	Partner	Corporate Office	er Bran	ch Office Manager	
Names of other Principles/	Partners/Officers of yo	our firm:				
Have you ever been refuse If yes, state the basis for ea						
Is the Office Address, as st If not, or if you have any b		ndicate and give ac	ldress:			
In what areas of real estate	do you specialize?					
Do you hold, or have you of If so, where:						
Have you or your firm bee ☐ Yes ☐ No If yes, provide details:					•	
Have you or your firm bee jurisdiction of a felony or of If yes, provide details:	other crime?	\square No			•	
accurate information as recagree that, if accepted for i	quested, or any misstate nembership in the Asso sociation of REALTOF	ement of fact, shal ociation, I shall pa RS® are not deduc	l be grounds for revoc by the fees and dues as tible as charitable cor	eation of my me from time to	are to provide complete and tembership if granted. I further time established. NOTE: ach payments may, however, be	
may contact me at the spec This consent applies to cha	rified address, telephon anges in contact inform	e numbers, fax nu ation provided by	mbers, email address me in the future. Thi	or other mean s consent reco	ries (e.g., MLS, Foundation) s of communication available. gnizes that certain state and as part of my membership.	
Date:	_					
Payment Type: ☐ Compa				D.		
Credit Card #:			E	xp. Date:	Code:	

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