

MCAR SECONDARY IN-STATE REALTOR® MEMBERSHIP APPLICATION

YOUR PREFERRED E-MAIL ADDRESS: _____

To the Maine Commercial Association of REALTORS®, I hereby apply for REALTOR® Membership in the Association and am providing my payment in the amount of **\$150.00 for my 2025 Dues to the Maine Association of REALTORS®**. My 2025 dues will be returned to me in the event of non-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 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 not be completed within the 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®.

I hereby submit the following information for your consideration:

Name (Licensed): _____ Real Estate License #: _____
Licensed/certified appraiser: Yes No Appraisal License #: _____
Primary Field of Business: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ Cell: _____

Home Address: _____

Phone: _____ Fax: _____ Cell: _____

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

Optional Information: Date of Birth: _____

Are you presently 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.

Date: _____ Signature: _____ Amount: \$ _____

Payment Type: Company Check/Credit Card Personal Check/Credit Card

Credit Card #: _____ Exp. Date: _____ Code: _____

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

Company information: ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC (Limited Liability Corp.)

Your position: ___ Principal ___ Partner ___ Corporate Officer ___ Branch Office Manager

Names of other Principles/Partners/Officers of your firm: _____

Have you ever been refused membership in any other Association of REALTORS®? Yes No
If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the Office Address, as stated, your principal place of business? Yes No
If not, or if you have any branch offices, please indicate and give address: _____

In what areas of real estate do you specialize? _____

Do you hold, or have you ever held, a real estate license in any other state? Yes No
If so, where: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? Yes No
If yes, provide details: _____

Have you or 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: _____

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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.