

APPLICATION FOR REALTOR® MEMBERSHIP

hereby apply for REALTOR® Membership in the <u>Titus Camp Morris Upshur (TCMU) Board of</u> <u>EALTORS</u> ® ("the Board")
pplication Fees and Dues: Payment in the amount of \$ (may include an application fee) vill be payable directly to the Board of REALTORS [®] . I understand that my dues will be returned to me in the event I am refused membership and that the application fee is nonrefundable.
Qualifications for Membership. I understand that membership brings certain privileges and obligations nat require compliance, including the following:
 I will attend orientation within 180 days of the Board confirming my membership. Failure to meet this requirement may result in having my membership terminated.
Membership in the Board necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to abide by the <u>Code of Ethics</u> of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Board, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
■ I acknowledge that as a member of the Board, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Board for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
 Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.
IOTE: The duty to submit to an ethics complaint continues in effect even after membership lapses or is erminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an ssociation of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit a arbitration continues in effect even after membership lapses or is terminated, provided the dispute rose while the former member was a REALTOR®.
CONTACT INFORMATION:
First Name Middle Name
Last Name Suffix Jr, III, Sr, Etc.
Nickname:

Home Address:					
City:		State:			Zip:
Home Phone:			Cell Phone:		
Fax:					
Primary E-mail:			Second	ary E-n	nail:
'	ion, as well as the Sta				☐ Yes ☐ No
Associations, com	nmunicate with you v	via text n	nessage?		
LICENSE INFORMATION	ON:				
Broker or Salespe	rson's License#				
State of Licensure	j:		Appraisal Lic	ense #	
Field of Business	(Specialties)?				
Do you hold, or h	ave you ever held, a	real esta	ate license in a	ny othe	er state? 🗌 Yes 🔲 No
If so, where:					
COMPANY INFORMA	TION:				
Office Name:					
Office Address:					
Office Phone:			Fax:		
Company Type:	Sole Proprietor	Partne	ership 🔲 Cor	poration	on LLC (Limited Liability
Company) 🗌 Ot	ther, specify				
Your position:	Principal Partne	er 🗌 Co	orporate Office	er 🔲	Majority Shareholder
Branch Office	Manager Non-p	rincipal	Licensee 🔲 (Other	
Names of other Pa	artners/Officers of y	our firm:			
Is the office addre	ess provided above y	our princ	cipal place of b	usiness	s? Yes No
If not, or if you ha	ive a branch office, p	lease pro	ovide that add	ress:	
Address:					
City:		St	ate:		Zip:
			·		
PREFERRED MAILING	G/CONTACT INFORMATION	ON:			
Preferred Phone:	: Home Office	e Cell			
Preferred E-mail:	Primary E-mail	Sec	ondary E-mail		
Preferred Mailing	g: Home Off	ice 🗌	Office Mail Alt	ernate	Member Mail Alternate
Mail Publications	sto: Home 0	Office [Office Mail A	Alternat	te Member Mail Alternate
Office Mailing Al	ternate:				
Address:					

City:		State:			Zip:	
Member Mailir	ıg Alternate:					
Address:						
City:		State:			Zip:	
APPLICANT INFORM		_ 6				
_	edge that your use of the R Idemark rules? ¹ Yes		tradem	arks must comply v	with th	ne National
Are you current	y a member of any other A	ssociatio	n of REA	ALTORS®? Yes	☐ No)
If yes, name of Association						
Type of membership						
held:						
Have you previo	usly held membership in a	ny other	Associat	ion of REALTORS®	? 🗌 Y	'es 🗌 No
If yes, name of						
Association						
Type of membership held:						
Do you have any	unsatisfied discipline pend	ding for v	iolation	of the Code of Eth	ics? ²	Yes No
If yes, provide details.						
If you are now o	r have been a REALTOR® m	nember b	efore, p	lease provide the i	nform	ation below.
Previous NAR						
membership (NI #	RDS)					
	of completion of NAR's					
Code of Ethics to	raining requirement:					
Name of the Control o			Α Δ	-i-ti	C®2 F	
-	een refused membership in					YesNo
ir yes, state the	basis for each such refusal	and deta	ii the cir	cumstances relate	a tnere	20:

¹ The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: www.realtor.org/mmm.

² Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? Yes No
If yes, provide
details:
Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction?
No
If yes,
provide
details:
Have you been found in violation of the Code of Ethics or other membership duties in any Association of
REALTORS® in the past three (3) years? Yes No
If yes, provide details.
Are there pending ethics complaints against you? Yes No
If yes, provide details.
Do you have any unsatisfied discipline pending? Yes No
If yes, provide details.
Are you a party to pending arbitration request? Yes No
If yes, provide details.
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? Yes No
If yes, provide details.
ii yes, provide details.

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 Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Association of REALTORS® 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, email address or other means of communication available. This consent applies to the process of my payment, 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.

Date:	Signature:
Complete and return application to: Email – membership@tcmu.org	
Credit Card Payments:	
Name on Card:	
Card Number:	Exp:
Billing Address:	
I would prefer my payment be taken over	the phone.
If paying by check: TCMU 415 N. Jefferson Ave	
415 N. JEHEISOH AVE	

Mount Pleasant, TX 75455

OPTIONAL INFORMATION
How long with current real estate firm?
Previous real estate firm (if applicable):
Number of years engaged in the real estate business:
Languages Spoken?
INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION
Join Date:
Join Date: Status: Active Provisional
Status: Active Provisional
Status: Active Provisional Primary Local Association NRDS ID #
Status: Active Provisional Primary Local Association NRDS ID # Primary State Association NRDS ID #
Status: Active Provisional Primary Local Association NRDS ID # Primary State Association NRDS ID # Office ID:
Status: Active Provisional Primary Local Association NRDS ID # Primary State Association NRDS ID # Office ID: (If broker)