



**2016 APPLICATION FOR REALTOR® MEMBERSHIP**  
**ELKHART COUNTY BOARD OF REALTORS®**

I, \_\_\_\_\_, here by apply for membership with the Elkhart  
 (Name)

County Board of REALTORS®. Enclosed is my payment in the amount of \$ \_\_\_\_\_ that includes a \$450.00 one-time application fee, (\$250.00 to ECBOR and \$200.00 to the Indiana Association of Realtors) and \$ \_\_\_\_\_ for annual dues. I understand my **2016** dues will be returned to me in the event of non-election. The Application fee is nonrefundable. I agree to attend orientation within 180 days of Board's confirmation of provisional membership and complete additional membership education as required by the National Association of REALTORS®. Failure to meet these requirements may result in membership termination. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of ECBOR, the Indiana 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 understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of 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. 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:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname (DBA) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Licensed/Certified appraiser: \_\_\_\_\_ Yes \_\_\_\_\_ No Appraisal License #: \_\_\_\_\_

Licensed Broker/Managing Broker \_\_\_\_\_ Yes \_\_\_\_\_ No Real Estate License #: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Are you presently a member of any other Association of REALTORS®?  Yes  No  
If yes, name of Board and type of membership held: \_\_\_\_\_
2. Have you previously held membership in any other Association of REALTORS®?  Yes  No  
If yes, name of Association and type of membership held: \_\_\_\_\_
3. 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 or are there any such complaints pending?  Yes  No  
(If yes, provide details as an attachment.)
4. If you are or have ever been a REALTOR®, fill in your NAR membership (NRDS) #: \_\_\_\_\_
5. Date (year) last completed NAR's Code of Ethics training requirement: \_\_\_\_\_

**Broker Owner Information – Non Broker/Owner Please skip to #6**

Company information:  Sole Proprietor  Partnership  Corporation  
 LLC (Limited Liability Company)  Other

Your position:  Principal  Partner  Corporate Officer  Majority Shareholder  
 Branch Manager  Non principal Licensee (Agent)

Names of other Partners/Officers/ of your firm: \_\_\_\_\_

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: \_\_\_\_\_

6. Do you or have you ever held, a real estate license in any other state?  Yes  No  
If so, where: \_\_\_\_\_
7. Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last 3 years? If yes, provide details: \_\_\_\_\_
8. 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 related circumstances: \_\_\_\_\_
9. Have you or you firm been convicted of a felony or other crime. If 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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Elkhart County Board 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 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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**Optional Information:**

Date of Birth: \_\_\_\_\_

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 completed by Local Association:**

Membership Status: Active, Provisional

Join Date: \_\_\_\_\_

Primary NRDS ID: \_\_\_\_\_

Office ID: \_\_\_\_\_

Number of Non-Member Licensees (Firm Only): \_\_\_\_\_