

Incline Village Realtors® Membership Application

I, _____ hereby apply for REALTOR® Membership in the **Incline Village REALTORS®**.

Application Fees and Dues: Enclosed is payment in for my one time application fee and my prorated membership dues payable directly to the Incline Village REALTORS®. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. (see attached fee schedule)

Qualification for Membership: I will attend orientation within **90** days of the Board confirming my membership. Failure to meet this requirement may result in having my membership terminated. If elected to membership, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I also 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 any membership requirement(s), such as orientation, not be completed within the timeframe established in the association’s bylaws. I further 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 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®.

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name		Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:		Secondary E-mail:			
Broker/Salesperson’s License* #					
State of Licensure:		Appraisal License #			
COMPANY INFORMATION:					
Office Name:					
Office Address:					
Office Phone:		Fax:			
Company Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability)				

Company) <input type="checkbox"/> Other, specify			
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder			
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other			
Other Partners/Officers of your firm:			
PREFERRED MAILING/CONTACT INFORMATION:			
Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell			
Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail			
Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate			
Mail Publications to: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate			
Office Mailing Alternate:			
Address:			
City:		State:	
Zip:			
Member Mailing Alternate:			
Address:			
City:		State:	
Zip:			
APPLICANT INFORMATION:			
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of Association			
Type of membership held:			
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of Association			
Type of membership held:			
Do you want a SUPRA KEY Coop? <input type="checkbox"/> Yes <input type="checkbox"/> No Serial # PIN MLS MEMBERS ONLY			
Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? ⁱ <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details.			
If you are now or have been a REALTOR® member before, please provide the information below.			
Previous NAR membership (NRDS) #			
Last date (year) of completion of NAR's Code of Ethics training requirement:			
Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state the basis for each such refusal & detail the circumstances :			
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, or if you have a branch office, please provide that address:		Address:	
		City:	
		State:	
		Zip:	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, where:			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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? Yes No

If you answered YES to any of the questions above, please provide details.

MLS Participation Agreement

I agree to abide by all relevant Bylaws, Rule and Regulations and other obligations of participation Yes No

I agree to be bound by the Code of Ethics Yes No

I agree to my duty to arbitrate contractual disputes and ethics hearings, as per IVBOR Policies Yes No

I understand a violation of the Code of ethics may result in termination of my MLS privileges and that I may be assessed an administrative fee in addition to any discipline, including fines that may be imposed. Yes No

Additional Applicant Information to be completed and considered per NAR Article IV, S2

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

Are there pending ethics complaints against you? Yes No

Do you have any unsatisfied discipline pending ? Yes No

Are you a party to pending arbitration request? Yes No

Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? Yes No

If you answered YES to any of the questions above, please provide details.

I hereby submit/attach the following information for consideration of my application.

Copy of Licensing

Broker Letter (if Applicable)

Assoc. Letter of Good Standing (if Applicable)

Provided Details as required herein

I have received a copy of the Following:

National Association of REALTORS® Code of Ethics

Incline Village REALTORS® Bylaws

Incline Village REALTORS® MLS Rules and Regulations

Incline Village REALTORS® Policies

I understand that these documents are subject to change and current versions that apply to my membership are available to me on Incline Village REALTORS® Website or in the Office. Yes No

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 IVR, NVR and NAR 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: _____

OFFICE USE ONLY

Join Date:	
Status: <input type="checkbox"/> Active <input type="checkbox"/> Provisional	
License #	
Primary State Association NRDS ID #	
Office ID:	
Office Contact (Designated REALTOR®)	
Office Contact Manager:	
MLS ID	
Navica/NRDS	
Master List	
Mail Chimp	
Supra	
QuickBooks	