



**NORTH CENTRAL PENN BOARD OF REALTORS® MEMBERSHIP APPLICATION**

500 North 12<sup>th</sup> Street, Lemoyne, PA 17043

717-614-4262

[exec@ncprealtors.com](mailto:exec@ncprealtors.com)

To the North Central Penn Board of REALTORS®, I hereby apply for REALTOR® Membership to the above named Board of REALTORS®. I enclosed my payment in the amount of \*\$\_\_\_\_\_ for my 2018 dues; payable to the North Central Penn Board of REALTORS®. My application fee and annual dues will be returned to me in the event of non-election. 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 the above named Board of REALTORS®, 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, Constitution, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon the approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within the time frame established in the Board's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the Board'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 the membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.*

\* Amount shown is prorated according to the month joining and all application and new member fees are included.

I hereby submit the following information for your consideration:

Agent Name: \_\_\_\_\_  
(Full Name As It Appears On Your License)

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

E-Mail Address: \_\_\_\_\_

Broker/Designated Realtor's Name: \_\_\_\_\_

**Preferred Address**

(Choose One)

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Office Street Address: \_\_\_\_\_ Office Mailing Address: \_\_\_\_\_

**Home Address**

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

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

**Mailing Address**

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

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

**Preferred Phone**

(Choose One)

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

**Preferred Fax**

(Choose One)

Office Fax: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_ Home Fax Number: \_\_\_\_\_

**Preferred Publication Address**

(Choose One)

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Office Street Address: \_\_\_\_\_ Office Mailing Address: \_\_\_\_\_

**Membership Type**

(Choose One)

Primary Membership: \_\_\_\_\_ Secondary Membership: \_\_\_\_\_  
Primary Membership and joining MLS: \_\_\_\_\_ Secondary Membership and joining MLS: \_\_\_\_\_

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

Office Zip Code: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

Are you presently a member of any other Association of REALTORS®? Circle one: YES NO  
If YES, name the Association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®? Circle one: YES NO  
If YES, name the Association and type of membership held: \_\_\_\_\_

If you have answered YES to either of the previous questions, provide a "Letter of Good Standing" from the current or previous Local Association.

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? Circle one: YES NO  
If YES, provide details as an attachment.

If you are now or if you have ever been a REALTOR®, provide your NAR membership (NRDS) #: \_\_\_\_\_,  
and the last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

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 that are, from time to time, established.

**NOTE:** Payments to the North Central Penn 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, which I am waiving to receive all communications as part of my membership.

**RESPONSIBLE BROKER:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**APPLICANT:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

INCOMPLETE APPLICATION WILL BE NOT ACCEPTED. PLEASE MAKE SURE YOU HAVE COMPLETED **ALL** ABOVE FIELDS.

**ONLY COMPLETE IF YOU ARE:  
A PRINCIPAL, PARTNER, CORPORATE OFFICER OR BRANCH OFFICE MANAGER APPLYING FOR  
MEMBERSHIP**

Otherwise, please leave blank

**Company Information:**

(Choose One)

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC (Limited Liability Company): \_\_\_\_\_

**Your Position:**

(Choose One)

Principal: \_\_\_\_\_ Partner: \_\_\_\_\_ Corporate Officer: \_\_\_\_\_ Branch Office Manager: \_\_\_\_\_

Name other Partners and/or Officers in your firm: \_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? Circle one: YES NO

If YES, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_

Is the Office Address, as previously stated, your principal place of business? Circle one: YES NO

If NO, please indicate and give the address: \_\_\_\_\_

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. Circle one: YES NO

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 that are, from time to time, established.

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

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