



NORTH CENTRAL PENN BOARD OF REALTORS® MEMBERSHIP APPLICATION

500 North 12th Street, Lemoyne, PA 17043

717-614-4262

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 2019 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: _____