



Strafford County Board of REALTORS®

130 Central Avenue, Suite LL6, Dover NH 03820

APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the Strafford County Board of REALTORS®, enclosing payment in the amount of **\$225.00 which is SCBR’s application fee and is non-refundable. * Annual dues are payable online. Once approved and processed, instructions on paying annual within one week of membership being accepted will be emailed to applicant. I understand that my dues will be returned to me in the event of non-election and that the application fee is non-refundable. I will attend orientation within 180 days of Association’s confirmation of membership and complete my online Code of Ethics class online within 60 days as specified in the Association’s bylaws. Failure to meet these requirements may result in having my membership terminated.** 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 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, 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 time frame established in the association’s bylaws.

***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®.*

* Dues amount is prorated according to month joining unless membership was held within 18 months prior. I hereby submit the following information for your consideration:

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					
Home Address:					
City:		State:		Zip:	
Cell Phone					
Fax					
E-mail Address:				Secondary E-mail:	
Real Estate License #					
Licensed/Certified Appraiser:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Appraisal License #		

COMPANY INFORMATION:Office Name: Office Address: Office Phone: Fax: Company Type: Sole Proprietor Partnership Corporation LLC (Limited Liability Company) Other, specify Your position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager Non-principal Licensee Other Name of Broker: Names of other Partners/Officers/ of your firm:
PREFERRED MAILING/CONTACT INFORMATION:Preferred Phone: Home Office Cell Preferred E-mail: Primary E-mail Secondary E-mail Preferred Mailing: Home Office Office Mail Alternate Member Mail AlternateMail Publications to: Home Office Office Mail Alternate Member Mail Alternate**Office Mailing Alternate:**Address: City: State: Zip: **Member Mailing Alternate:**Address: City: State: Zip: **APPLICANT INFORMATION:**Are you presently a member of any other Association of REALTORS®? Yes NoIf yes, name of Association Type of membership held: Have you previously held membership in any other Association of REALTORS®? Yes NoIf yes, name of Association Type of membership held: 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.)					
If you are now or have ever been a REALTOR®, indicate your 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 and detail the circumstances related thereto:					
Is the Office Address, as stated, your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, or if you have any branch offices, please indicate and give 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 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 three years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					
Have you or your firm been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 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	
Realtor Designations	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Field of Business (Specialties)?	
Languages Spoken?	

REALTOR® Association Marketing Consent Form

Name: _____
(PRINT)

Address: _____
(PRINT)

City, State, Zip: _____
(PRINT)

Cell phone Number: (___) ___ - ____

Landline Number: (___) ___ - ____

Email: _____
(PRINT)

Email: _____
(PRINT)

I understand that providing above my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the Strafford County Board of REALTORS®, New Hampshire Association of REALTORS®, and the National Association of REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s), location(s).

Signature: _____

Date: _____