



# Strafford County Board of REALTORS®

PO Box 34, Newfields, NH 03856

## APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the Strafford County Board of REALTORS®, enclosing payment in the amount of \$100.00 which is SCBR’s application fee and is non-refundable. \* Annual dues are payable online. Once approved and processed, instructions on paying annual dues within one week of membership being accepted will be emailed to applicant. 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. 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 for anything going against the association’s bylaws or policies.

*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 an Affiliate.*

\* 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:			
NMLS# if applicable					
Licensed/Certified Appraiser:	<input type="checkbox"/> Yes <input type="checkbox"/> No	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		

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	
Office Mailing Alternate:			
Address:			
City:		State:	Zip:
Member Mailing Alternate:			
Address:			
City:		State:	Zip:

APPLICANT INFORMATION:	
Are you an Affiliate with another Association? If so, please note which one(s)	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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® as an Affiliate? <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: <input type="text"/>
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: <input type="text"/>					
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: <input type="text"/>					

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. No dues refunds are granted.

By signing below I consent to all rules and regulations of the Strafford County Board of REALTOR'S® Associations. This consent recognizes I may also receive communications as part of my membership.

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

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

