

## **Application for Membership**

c/o Vermont Association of Realtors®, 148 State Street, Montpelier, VT 05602 802-229-0513 (tel)

Return to: Racheal@VermontRealtors.com

## I. All applicants for Primary or Secondary REALTOR® membership are required to complete this section. PLEASE PRINT OR TYPE

| Name as shown on License:                                   |                              | Date License issued: |                         |            |            |                  | _                        |
|---|------------------------------|----------------------|-------------------------|------------|------------|------------------|--------------------------|
| License Type(Broker, Salesperson                            | License No                   |                      | License Effec           | ctive Date | e:         |                  |                          |
| Date of Birth:  |                              |                      | Nickname: _             |            |            |                  |                          |
| Home Address  |                              | City                 |                         | _ ST       | _ ZIP _    |                  |                          |
| Home Phone:   | Cell Phone:                  |                      | E-mail                  | :          |            |                  | <del></del>              |
| PREFERRED MAIL ADDRESS                                      | : (please circle one)        | HOME                 | OFFICE                  |            |            | REQUIRED         | !                        |
| PREFERRED PHONE:  | (please cirlce one)          | НОМЕ                 | OFFICE                  | CELL       |            |                  |                          |
| Office Name:  |                              |                      | Managing Brok           | er:        |            |                  | _                        |
| Address   | C                            | City                 |                         | _ ST       | ZIP_       |                  |                          |
| Office Phone:   | Office fax:                  |                      | _ Business E-mail:      |            |            |                  |                          |
| II. Only Principal Brokers                                  | applying for new men         | nbership ar          | e required to comp      | lete Sed   | ction II   | . PLEASE PRI     | NT                       |
| Corporate Name:   |                              |                      | Туре:                   |            |            | <del></del>      |                          |
| Firm Physical Address:                                      |                              |                      |                         | Tax ID     | Sole<br>#: | Proprietor, DBA, | Partnership, Corporation |
| Firm Mailing Address:                                       |                              | City                 |                         | ST_        | Z          | IP               |                          |
| Firm License No.  |                              | Fir                  | m License Effective D   | Date:      |            |                  |                          |
| Please list the names and tit                               | les of all other principals, | partners, o          | r corporate officers in | your fir   | m. ATT     | ACH SHEET IF     | NEEDED                   |
| Name:   |                              | Tit                  | le:                     |            |            |                  |                          |
| Please list names and addre officer. ATTACH SHEET IF NEEDED |                              | or other rea         | l estate firms, in whic | ch you ar  | re a prin  | ncipal, partner  | or corporate             |
| Firm Name:  |                              | Ad                   | dress:                  |            |            |                  |                          |
| III. All applicants for Prin                                | mary or Secondary REA        | LTOR® me             | mbership are requi      | ired to c  | comple     | te this sectio   | on. PLEASE PRINT         |

Are you currently a member or have you held membership in another association affiliated with the NATIONAL ASSOCIATION OF

REALTORS®?

Yes \_\_\_\_\_ No \_\_\_\_

| If <b>Yes</b> , please list each association and approximate dates of membership.   |
|---|
| Association:Dates of membership:  |
| If you were ever assigned a NRDS number, please provide number and name of association that assigned it.  |
| NRDS # Assigning Association:   |
| Are you currently, or have you been in the last 3 years, involved in an association Code of Ethics or Arbitration complaint? If <b>Yes</b> , provide details on a separate sheet. Yes No  |
| Do you hold, or have you held, a real estate license in another State? Yes No   |
| If <b>Yes</b> , specify state and license number.   |
| State: License #:   |
| Has your license (in any State) ever been suspended or revoked? Yes No  |
| If <b>Yes</b> , specify place(s), date(s), and details. ATTACH SHEET IF NEEDED  |
| Have you ever been convicted of a felony? Yes No If <b>Yes</b> , provide details (state and court of conviction) on separate sheet.   |
| Do you have a record of a recent or pending bankruptcy? Yes No  |
| Do you have a record of official sanctions involving unprofessional conduct? Yes No   |
| Do you hold any professional designations? (ABR, ePro, CRS) Yes No  If YES, please list: ATTACH SHEET IF NEEDED  Do you currently subscribe to or participate in an MLS? Yes No  If YES, please indicate MLS name and place of business   |
| Upon payment of required dues for REALTOR® membership, I agree to abide by the association's bylaws, rules, and regulations, as well as the Code of Ethics of the National Association of REALTORS®, which information is provided at the time of my application. I understand that my initial status with this application is that of Provisional member, which allows me to receive REALTOR® services and benefits immediately, contingent upon the completion of the association's mandatory Orientation and a course in the above-mentioned Code of Ethics. Upon completion of those requirements, I acknowledge that my REALTOR® status will be contingent upon maintaining an active real estate or appraiser license, payment of annual dues and Quadrennial Code of Ethics training as required by NAR. Agreeably to the provision of the Code of Ethics and the provisions of Vermont State law (12 Vermont Statutes Annotated 156552 (b)). Junderstand that my membership in the Board includes as an integral part of an agreement to arbitrate disputes as set forth in the Code of Ethics. I further understand that upon becoming a member of the Board I will not be able to bring a lawsuit concerning any dispute that may arise which is covered by the agreement to arbitrate and the disciplinary procedures of the Board unless it involves a question of constitutional or civil rights. Instead, I agree to submit all such disputes to the procedures established by the Board and will abide by any award rendered substantially in accordance with the procedures established by the Code of Ethics governing such disputes.  NOTE: Applicant acknowledges that the board/association will maintain a membership file of information which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of other membership duties; |
| decision of the hearing panel. Likewise, 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®.  NOTE: Dues payments to the board/association are not tax deductible as charitable contributions; however, portions of such payments may be tax deductible as ordinary and necessary business expenses. Dues paid at time of application are not refundable after acceptance to the Association.   |

SIGNATURE

DATE