



APPLICATION FOR REALTOR® MEMBERSHIP

To the Northwoods Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$ _____ for a one time application fee and for my yearly dues. Dues payable to NWAR. My application fee and 2012 dues will be returned to me only 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, 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 timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership. Membership application fee is non-refundable except in the event of non-election.

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 membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: _____
Real Estate License #: _____
Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____
Office Name: _____
Office Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Residence Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Cell Phone: _____ Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office

Are you presently a member of any other Association of REALTORS®? [] Yes [] No
If yes, name of Association and type of membership held: _____
Have you previously held membership in any other Association of REALTORS®? [] Yes [] No
If yes, name of Association and 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 as an attachment.)
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____
and last date (year) of completion of NAR's Code of Ethics training requirement: _____
Are you a principal, partner, corporate officer or branch office manager? [] Yes [] No If yes, you must also complete 2nd page of this application.

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 Northwoods 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): Date of Birth: _____
Specialty: [] Residential [] Commercial [] Resort [] International [] Other: _____
How long with current real estate firm? _____ Previous real estate firm (if applicable): _____
Number of years engaged in the real estate business: _____

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers/ of your firm:

Have you ever been refused membership in any other Association of REALTORS®? [] Yes [] 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? [] Yes [] No
If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] No
If so, where:

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

Have you or you 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. 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 [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: _____ Signature: _____

MEMBERSHIP TRANSMITTAL FORM

Name: _____

Home Address: _____

City, State, and Zip: _____

Home Phone: _____

Cell Phone _____

Social Security Number (Required for state verification) _____

Real Estate License number (Required) _____

Brokerage Name: _____

Brokerage Address: _____

Brokerage Phone: _____

Email Address: _____

Web Site: _____

Please list any committees you would like to serve on or special talents you can offer the organization: _____

MLS AGENT ID FORM

GREATER NORTHWOODS MULTIPLE LISTING SERVICE, INC.
AGENT LISTING DATABASE - INPUT FORM
Mandatory fields are preceded by *

If a field is unknown, leave it BLANK.

NEW	Agent Listing
*Last Name:	
*First Name:	
Office Name:	
Office Location:	
*Password:	No more than 8 alpha numeric characters
Phone:	FORMAT: 9998887777
Cell Phone:	FORMAT: 9998887777
Fax:	
Address Line 1:	
Address Line 2:	
State:	
Zip Code:	EXAMPLE: 54409 OR 54409-8703
Email:	EXAMPLE: USER@HOST.COM
URL:	EXAMPLE: HTTP://WWW.HOST.COM/
Broker?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Indicate yes only if you will be the managing broker of your firm.
Agent Privileges:	<input type="checkbox"/> I will be entering my own listings <input type="checkbox"/> Staff enters our listings <input type="checkbox"/> I am uncertain as to who will be entering my listings <input type="checkbox"/> I am office staff <input type="checkbox"/> I only need access to sold information
	Please indicate which telephone number you would like to appear under your photograph on listing sheets printed in Interface. Your office information always appears on the sheets. _____