



APPLICATION FOR OFFICE REALTOR® MEMBERSHIP (NON-MLS)

Please return completed forms via email to hailey@trarealtors.net

(DUES ARE NON-REFUNDABLE)

As of this date: _______, I hereby apply for REALTOR® Membership in the Three Rivers Association of REALTORS®. In the event my application is approved, I agree as a condition of membership to complete the Orientation course of the Three Rivers Association and to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the National Association of REALTORS®, and the Bylaws and Rules and Regulations of the Three Rivers Association of REALTORS®, Illinois REALTORS® and the National Association of REALTORS®. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Bylaws, Rules and Regulations, and duty to arbitrate all, as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comments about me from any member or other person, and I agree that any information and comments furnished to the Association by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon Applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the hearing panel; or if Applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satised.

Agent Name (as shown on lic	ense):			
-8 ((ense):First		Initial	Last
Real Estate License #		Apprai	sal License #	
Appraiser: Broker	Management Broker:	:		
Residence Address:	Street	City	State	Zip
	Fax:			
Preferred Number (you would	l like on your listings): Home:	Cell:	Office: Other:	
	lress: Birth Date:_			
OFFICE INFORMATION:	••••••	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
Office Name:				
Office Address:	Street	City	State	Zip
Office Phone:			Office Fax:	

Are you now employed or engaged i	n any other business or profess	ion?	Yes	No
Company	City	Position	From	To Dates
In what other business have you been	•		Yes	No
			From	To
Company	City	Position		Dates
Highest Level of education complete	d?			
First became licensed:				
Have you been continuously in the b	usiness since then?		Yes	No
Have you ever attended a REALTOR	[®] Association Orientation cou	rse?	Yes	No
Do you hold, or have you ever held a	real estate license in any other	r state?	Yes	No
If yes, specify:				
Do you now, or have you previously he Association of REALTORS®? Yes	•	her real estate association, wl	nether or not affi liated v	vith the National
If yes, name of Association, members	ship type, and dates of member	ship:		
Have you ever been convicted of a fe If yes, give details*				
Has your real estate license in this or	any other state been suspended	d or revoked?		
If yes, give details*				
Have you ever been refused members	ship in any real estate associati	on?		
If yes, state basis for such refusal* _				
Is there now, or have there been with	in the past five years, any comp	plaints against you before a	ny state real estate regu	latory agency or any
other agency of government?				
If yes, give details*				
I agree to the following terms and co the fees and dues as from time to tim fi nancial obligations are not paid in a required to reapply as a new member	e established; (2) To attend the a timely manner in accordance	orientation as dictated by t with the Bylaws and Rules	he Bylaws of this Asso	ociation; and (3) If my
I hereby certify that the information for as requested or any misstatement of f				l accurate information
SIGNED:		DATE:		

COMPLETE THIS PAGE ONLY IF YOU ARE APPLYING FOR NEW OFFICE MEMBERSHIP

Office Name:					
Office Address:					
Check Whether:	Corporation	Partnership	Individual	d/b/a	
State Position with Firm:	Principal Independent C	Partner Contractor	Corporate Officer Other	Employee	
If "Other," please explain:					
Is the Office Address stated	l above your principal p	place of business?	Yes	No	
If not, or if you have any be	ranch offices, please inc	licate and give addre	esses:		
Are you actively engaged i	n the real estate busines	ss?	Yes	No	
Established in present local	tion on				
Last previous location(s) or	n:				
Name of Designated REAI					
Are you applying for prima	ary or secondary member	ership?			
Do you want MLS access?			Yes	No	
Do you want lock box priv	ileges?		Yes	No	
Location of Escrow Account	nt:				
Escrow Account Number:					
Credit Reference:					
Personal Reference: (Name o	f Association member preferable)	ı			
I hereby certify that the for requested, or any misstatem of my office, I agree that m National Association of RE Rivers Association of REA shall be individually respon	nent of fact, shall be ground office shall arbitrate and further and further and LTORS®. I further under	ands for revocation of all business disputes agree that my office serstand and agree tha	f my membership, if grant in accordance with the Co shall comply with the Byla t either myself or any other	ted. As a condition of me ode of Ethics and Arbitra aws and Rules and Regu- er person appointed by m	embership on behalf ation Manual of the lations of the Three by office as the D.R.
SIGNED:			DATE:		

NEW OFFICE MEMBERSHIP

Please list the name, license number and primary board/association affiliation for all licensees in your office. (There must be a Designated REALTOR® in that board/association to qualify for primary membership.)

Licensee Name	License Number	Primary Board/Association
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Each licensee will be required to complete an appropriate membership application.