



APPLICATION FOR OFFICE REALTOR® MEMBERSHIP (with MLS)

Please return entire packet 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®, the 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 satisfied.

Are you applying for Primary or Secondary Membership (Please check one): Primary Secondary

AGENT INFORMATION:

Agent Name (as shown on license): _____
First Initial Last

Real Estate License # _____ Appraisal License # _____

Appraiser: _____ Broker: _____ Management Broker: _____

Residence Address: _____
Street City State Zip

Home Phone: _____ Fax: _____ Cell: _____

Preferred Number (you would like on your listings): Home: _____ Cell: _____ Office: _____ Other: _____

Email Address: _____ Birth Date: _____ Social Security Number: _____

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OFFICE INFORMATION:

Office Name: _____

Office Address: _____
Street City State Zip

Office Phone: _____ Office Fax: _____

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ASSOCIATION OFFICE USE ONLY:

Date Rec'd _____ MLS Info given _____ MLS ID# _____

Please email completed application to
hailey@trarealtors.net
303 Springfield Avenue, Joliet, IL 60435
Phone: 815/744-4520
www.trarealtors.net

(revised 5/11)

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Are you now employed or engaged in any other business or profession?	Yes	No			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Company</td> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">Position</td> </tr> </table>	Company	City	Position	From	To
Company	City	Position			
		Dates			

In what other business have you been engaged (Previous employment)?	Yes	No			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Company</td> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">Position</td> </tr> </table>	Company	City	Position	From	To
Company	City	Position			
		Dates			

Highest Level of education completed? _____

First became licensed: _____

Have you been continuously in the business since then?	Yes	No
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Have you ever attended a REALTOR® Association Orientation course?	Yes	No
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Do you hold, or have you ever held a real estate license in any other state?	Yes	No
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If yes, specify: _____

Do you now, or have you previously held membership in this or any other real estate association, whether or not affiliated with the National Association of REALTORS®? Yes _____ No _____

If yes, please list the Name of the Association, type of membership and dates established: _____

Have you ever been convicted of a felony? _____

If yes, give details* _____

Has your real estate license in this or any other state been suspended or revoked? _____

If yes, give details* _____

Have you ever been refused membership in any real estate association? _____

If yes, state basis for such refusal* _____

Is there now, or have there been within the past five years, any complaints against you before any state real estate regulatory agency or any other agency of government? _____

If yes, give details* _____

I agree to the following terms and conditions: (1) If accepted for membership in the Three Rivers Association of REALTORS®, I shall pay the fees and dues as from time to time established; (2) To attend the orientation as dictated by the Bylaws of this Association; and (3) If my financial obligations are not paid in a timely manner in accordance with the Bylaws and Rules and Regulations of the Association, I may be required to reapply as a new member with the required new member fees and education.

I hereby certify that the information furnished by me is true and correct. I also 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.

SIGNED: _____ DATE: _____

303 Springfield Avenue, Joliet, IL 60435

Phone: 815/744-4520

www.trarealtors.net

*Attach separate sheet as required

Please email completed application to Hailey@trarealtors.net

Office Name: _____

Office Address: _____

Check Whether:	Corporation	Partnership	Individual	d/b/a
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State Position with Firm:	Principal	Partner	Corporate Officer	Employee
	Independent Contractor		Other	

If "Other," please explain: _____

Is the Office Address stated above your principal place of business? Yes No

If not, or if you have any branch offices, please indicate and give addresses: _____

Are you actively engaged in the real estate business? Yes No

Established in present location on _____

Last previous location(s) on: _____

Name of Designated REALTOR® ("D.R."): _____

Are you applying for primary or secondary membership? _____

Do you want MLS access?	Yes	No

Do you want lock box privileges?	Yes	No
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Location of Escrow Account: _____

Escrow Account Number: _____

Credit Reference: _____

Personal Reference: _____
(Name of Association member preferable)

I hereby certify that the foregoing information 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. As a condition of membership on behalf of my office, I agree that my office shall arbitrate all business disputes in accordance with the Code of Ethics and Arbitration Manual of the National Association of REALTORS® and further agree that my office shall comply with the Bylaws and Rules and Regulations of the Three Rivers Association of REALTORS®. I further understand and agree that either myself or any other person appointed by my office as the D.R. shall be individually responsible for all financial obligations of my office to the Three Rivers Association of REALTORS®.

SIGNED: _____ DATE: _____

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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.)**

[illegible]

Each licensee will be required to complete an appropriate membership application.



MULTIPLE LISTING SERVICE PARTICIPANT APPLICATION AND AGREEMENT

Office Name: _____

Name of Multiple Listing Service Participant Applicant (Broker/Owner, Designated REALTOR®, Responsible Party): _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____ Cell: _____ Other: _____

REALTOR® member having the right to designate the Designated REALTOR®: _____

(NOTE: There must be a Designated REALTOR® member to participate in the Three Rivers Association MLS)

Designated REALTOR®: _____

As the owner and/or Designated REALTOR® of the above real estate firm and as a REALTOR® member of the Three Rivers Association of REALTORS®, I hereby make application to participate in the Multiple Listing Service (MLS) of the Three Rivers Association of REALTORS® as the MLS Participant. I agree to conform to the Rules and Regulations of the MLS and to pay all financial obligations as described therein. My initial participation fee is submitted with this Application. Further, I agree to be responsible for the payment of the following (billed every three months):

1. All participation fees for myself and all licensees or certified appraisers employed by, affiliated with or licensed to me or my firm;
2. All costs for licensees and/or certified appraisers employed by, affiliated with or licensed to me or my firm for books, computer charges and input fees;
3. All fines, service charges or other financial obligations to the MLS for the firm;
4. All participation fees and costs for unlicensed personal assistants or appraiser certification candidates or trainees who work under the direct supervision of the Participant of a licensee or certified appraiser employed by or affiliated with the Participant.

I understand that if service charges, fees, fines or other assessments which include any amount owed to the MLS are not paid within one (1) month after the due date, services to my firm shall be suspended. In the event of suspension or termination of my REALTOR® membership, I understand that all multiple listing services to me, my firm and licensees and certified appraisers employed by, affiliated with or licensed to me or my firm shall cease.

Further, I understand and agree that as Applicant for Multiple Listing Service participation, I shall remain personally responsible for the payment of all financial obligations of the firm named herein to the MLS unless and until a new Participant Application and Agreement shall be executed and accepted. Finally, I understand that if the Association deems it necessary to file a civil action to recover from me unpaid participation fees and costs for multiple listing services, the Association may not only recover the amount of such unpaid fees and costs, but also its reasonable attorneys' fees in connection with such litigation.

SIGNED: _____ DATE: _____



**APPLICATION FOR MLS MEMBERSHIP
(SUPPLEMENT TO ASSOCIATION APPLICATION)**

I hereby apply for Multiple Listing Service membership and enclose my check in the amount of \$ _____. I, as the Designated REALTOR® of my firm, understand that I am the "Participant" and "Member" of the Multiple Listing Service without further qualification, except payment of required dues and fees and agreement to abide by the Rules and Regulations of the Three Rivers Multiple Listing Service and the Midwest Real Estate Data LLC.

Name of firm: _____

NAMES OF ALL LICENSEES IN YOUR OFFICE

Licensee Name:

License Number:

I certify that the information provided above is true and correct, and the licensees named are all of the full and part-time salespersons licensed at this office.

SIGNED: _____

DATE: _____