



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.

				-
1150				Last
	Appraisa	ıl License #		
Ianagement Broker:				
		G,		
	City	Sta	ite	Zip
Fax:			Cell:	
r listings): Home:	Cell:	Office:	Other:	
			-	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • • • • • • • • • • • •
	City	Sta	ite	Zip
	Office Fax:			
	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
1	fanagement Broker: Fax: r listings): Home: Birth Date	Appraisa Ianagement Broker: City Fax: r listings): Home: Cell: Birth Date: City	First Initial Appraisal License # Management Broker: City Sta Fax: r listings): Home: Cell: Office: Birth Date: Socia City Sta Office Fax:	Appraisal License # Management Broker: City State Fax: Cell: Office: Other: r listings): Home: Cell: Office: Other: Birth Date: Social Security Nu City State Office Fax:

Are you now employed or engaged	in any other business or profess	sion?	Yes	No
Company	City	Position	From	To Dates
In what other business have you be	•		Yes	No
			From	То
Company	City	Position		Dates
Highest Level of education comple	red?			
First became licensed:				
Have you been continuously in the	business since then?		Yes	No
Have you ever attended a REALTO	R® Association Orientation cou	urse?	Yes	No
Do you hold, or have you ever held	a real estate license in any othe	er state?	Yes	No
If yes, specify:				
Do you now, or have you previously l Association of REALTORS®? Yes	•	ther real estate association, wh	ether or not affi liated v	with the National
If yes, name of Association, membe	rship type, and dates of member	rship:		
Have you ever been convicted of a f				
Has your real estate license in this of	r any other state been suspende	d or revoked?		
If yes, give details*				
Have you ever been refused membe				
If yes, state basis for such refusal*				
Is there now, or have there been wit				ılatory agency or any
other agency of government?				
If yes, give details*				
I agree to the following terms and cethe fees and dues as from time to time in the financial obligations are not paid in required to reapply as a new members.	ne established; (2) To attend the a timely manner in accordance	e orientation as dictated by the with the Bylaws and Rules a	ne Bylaws of this Asso	ociation; and (3) If my
I hereby certify that the information as requested or any misstatement of				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 If not, or if you have any br			Yes	No	
Are you actively engaged in	n the real estate busines	ss?	Yes	No	
Established in present locat	tion on				
Last previous location(s) or	n:				
Name of Designated REAL	TOR® ("D.R."):				
Are you applying for prima	ary or secondary member	ership?			
Do you want MLS access?			Yes	No	
Do you want lock box privi	ileges?		Yes	No	
Location of Escrow Accoun	nt:				
Escrow Account Number: _					
Credit Reference:					
Personal Reference: (Name o	f Association member preferable)			
I hereby certify that the for requested, or any misstatem of my office, I agree that m National Association of RE Rivers Association of REAl shall be individually respon	nent of fact, shall be groupy office shall arbitrate at ALTORS® and further at LTORS®. I further under	unds for revocation o all business disputes agree that my office s erstand and agree tha	of my membership, if grand in accordance with the C shall comply with the Byl t either myself or any other	ted. As a condition of mode of Ethics and Arbitra aws and Rules and Reguer person appointed by n	embership on behalf ration Manual of the alations of the Three ny office as the D.R.
SIGNED:			DATF:		

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
	_		
	_		

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