



**APPLICATION FOR
 Chipola Area Board of REALTORS®, Inc.
 REALTOR® MEMBERSHIP**

To the Chipola Area Board of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board as a Secondary Member, and am enclosing my check in the amount of **\$175.00 for a one time application fee and \$_____*** for my 2009 Dues payable to Chipola Area Board of REALTORS®. My application fee and 2009 dues will be returned to me 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®, 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 consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the 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. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

NOTE: *Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board/Council 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®.*

*** To be prorated**

I hereby submit the following information for your consideration:

Name: _____ Real Estate License #: _____
 (Please include a copy of your Real Estate License)

Office Name: _____

Office Address: _____

Phone: _____ Email: _____ Fax: _____

Residence Address: _____

Phone: _____ Email: _____ Fax: _____

Please specify your preferred email address: _____

Do you hold yourself out to the general public as being actively engaged in the real estate business? _____

(The 7 optional questions below are not criteria for membership, but used to establish passwords and historical data)

Social Security Number: _____ Date of Birth: _____

Highest level of education completed: _____ First entered the real estate business in: _____

Have you been engaged continuously in the business since then? _____ If not, what years in Real Estate? _____

In what other business have you been engaged? _____

Are you now employed or engaged in any other business? If yes, where? _____

How long with current real estate firm? _____. Previous real estate firm (if applicable) _____

Are you a member of any other real estate Board/Council of REALTORS®? _____ If yes, name of Board/Council and type of membership held: _____

Have you previously held membership in any other Board/Council? _____

If yes, name of Board/Council and type of membership held: _____

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS)

#: _____

Are you a designated broker or branch manager? If yes, you must also complete a 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 Chipola Area Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Dated: _____

Signature: _____

Mail to: Chipola Area Board of REALTORS®, P O Box 238, Marianna, FL 32447

Fax: (850) 526-4310;

E-mail: cabr@embarqmail.com

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 3 FOR DESIGNATED
BROKERS/BRANCH MANAGERS

Does your office comply with zoning requirements for its location? _____

Company information: ___ Individual ___ DBA ___ Partnership ___ Corporation
Your position: ___ Principal ___ Partner ___ Corporate Officer ___ Trustee ___
Employee
 ___ Independent Contractor ___ Other: _____

Names of Principles/Partners/Officers/Trustees of your firm: _____

Have you ever been refused membership in any other real estate Board/Council? _____

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

In what areas of real estate do you specialize? _____

Principals, please list institution in which you maintain your escrow account: _____

Do you hold, or have you ever held, a real estate license in any other state? _____
If so, where: _____

Have there been any complaints, within the last five years, against you or the firm with which you are associated? _____

If so, please specify: _____

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 Chipola Area Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Dated: _____ Signature: _____

Mail to: Chipola Area Board of REALTORS®, P O Box 238, Marianna, FL 32447;
Phone: (850) 526-4030
Fax: (850) 526-4310
E-mail: cabr@embarqmail.com