



Today's Date \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

I hereby apply for:  DR  REALTOR®

To the West Michigan Lakeshore Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association. Enclosed is my (1) **\$400.00 application fee\*** **AND** (2) **annual dues** (*contact association office for current fees*) as approved by the Board of Directors for the year 2022. **Dues payable to West Michigan Lakeshore Association of REALTORS®.** My 2022 dues will be returned to me in the event of non-election. *Application fee is nonrefundable.* Upon submission of this Application, plus payment of required fees and confirmation of my provisional membership, I agree to attend a New Member Orientation program. Orientation must be completed during one of the next two (2) sessions, as offered by the Association. Failure to meet this requirement may result in having my membership terminated. 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 Association, the State Association, and the National Association of REALTORS®. 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 the time frame 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.

**\*Application Fee is a one-time fee for as long as you continue your membership.**

I hereby submit the following information for your consideration (**Please Print Clearly**):

**\*\*PRIMARY FIELD OF BUSINESS:** \_\_\_\_\_

Name \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_  
*(As shown on your license) (Cell or Landline— please circle one)*

Permission to Text? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail \_\_\_\_\_

Web Address \_\_\_\_\_ S.S.# (last 4 digits) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Real Estate/Appraiser License #: \_\_\_\_\_ *(Please include a copy of your license, if available)*

BROKER  SALESPERSON  APPRAISER

Office Name \_\_\_\_\_ State License # \_\_\_\_\_

Corporate Name, if different than office name: \_\_\_\_\_

Office Address \_\_\_\_\_ NRDS # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

## AGENT INFORMATION

**Nickname** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Mother's Maiden Name** \_\_\_\_\_ **Father's First Name** \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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

If so, where: \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_

Field of business (Specialties): \_\_\_\_\_

List any foreign languages you may speak: \_\_\_\_\_

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)

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? [ ] **Yes** [ ] **No** If yes, attach details: \_\_\_\_\_

Have you or your firm been convicted of a felony or other crime. [ ] **Yes** [ ] **No** If yes, attach 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 Association, I shall pay the fees and dues as from time to time established.

**NOTE:** Payments to West Michigan Lakeshore 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.

**\*Applicant's Signature** \_\_\_\_\_

**\*Broker's Signature** \_\_\_\_\_

**\*Must have both signatures BEFORE applying for membership.**