



**MISSION STATEMENT:** A Lakeshore Association dedicated to the growth of Real Estate Professionals and the future of their communities. 12916 168th Ave. Grand Haven, MI 49417 PH: (616)846-6240 www.WMLAR.com

## REALTOR MEMBERSHIP APPLICATION

Today, \_\_\_\_\_ (date), I hereby apply for [  ] REALTOR® or [  ] DESIGNATED REALTOR® (check one) membership in the West Michigan Lakeshore Association of REALTORS®. 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 2024. Dues payable to West Michigan Lakeshore Association of REALTORS®.

My 2024 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 trainings 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**):

### AGENT INFORMATION

Name \_\_\_\_\_ License Number \_\_\_\_\_  
*(As shown on your license)* Type: [  ] Broker [  ] Salesperson [  ] Appraiser

\_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Mother’s Maiden Last Name \_\_\_\_\_ Father’s First Name \_\_\_\_\_

DOB \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_ [  ] Cell [  ] Landline Permission to Text? [  ] Yes [  ] No

Languages Spoken (other than English) \_\_\_\_\_

### OFFICE INFORMATION

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

Office Address \_\_\_\_\_ Office MLS ID \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Email \_\_\_\_\_

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: \_\_\_\_\_

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 been found in violation of the Code of Ethics or other membership duties in any REALTOR®  
Association 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, provide details as an attachment)*

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: \_\_\_\_\_  
\_\_\_\_\_

Have you or your firm been convicted of a felony or other crime.  Yes  No *(If yes, provide details as an attachment)*

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 neces-  
sary 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, 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 communi-  
cations that I am waiving to receive all communications as part of my membership.

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

**BROKER/DR:** What level of MLS access should this person have?  Agent No Load  FULL  
 Partial (Access to photos, status change, documents, open house/tours, videos, map location)  
 SuperUse for Offices/Members (list names/MLS IDs): \_\_\_\_\_

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

**Must have both signatures BEFORE applying for membership. Return completed application with payment  
information to Erin@wmlar.com.**

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_