

**APPLICATION FOR REALTOR® MEMBERSHIP**  
**LAMOILLE AREA Board of REALTORS®**

I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$ 150.00 for a one time application fee and \$ \_\_\_\_\_ [yearly dues amount] totaling \$ \_\_\_\_\_ for \_\_\_\_\_ [fiscal year]. Dues are payable to “LAMOILLE AREA BOARD OF REALTORS”. My application fee and [YEAR] dues will be returned to me in the event of nonelection. 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 Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. 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 timeframe 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.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board 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®. Amount shown is prorated according to month license was issued or month of application.

I hereby submit the following information for your consideration:

**Name:** \_\_\_\_\_  
Real Estate License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Licensed/certified appraiser:  Yes  No  
Appraisal License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
**Office Name:** \_\_\_\_\_  
**Office Address:**  
Physical: \_\_\_\_\_  
Mailing: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ (primary means of contact with you)  
**Residence Address:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Preferred Mailing:  Home  Office  
Preferred Phone:  Home  Office  
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:  
\_\_\_\_\_

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.)

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

#: \_\_\_\_\_ (9 digit number)

and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

Are you a principal, partner, corporate officer or branch office manager?

Yes  No

If yes, you must also complete page 3 and 4 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 Lamoille 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.

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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant's Signature

**MUST also be signed by Designated/Managing Broker:**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Designated Broker

**Attach a copy of your State of Vermont Salesperson License**

(Optional Information):

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Specialty:

Residential

Commercial

Resort

International

Other: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_

Previous real estate firm (if applicable): \_\_\_\_\_

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

REALTOR® Applicants - Mail this completed form, Agreement to Arbitrate, and check to:

Lamoille Area Board of REALTORS®

P. O. Box 596

Stowe, VT 05672

**APPLICATION FOR REALTOR® MEMBERSHIP: FOR DESIGNATED BROKERS/BRANCH MANAGERS**

Company information:

NAME of Company: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Sole Proprietor

Partnership

Corporation

LLC(Limited Liability Company)

Your position:

Principal

Partner

Corporate Officer

Branch Office Manager

Names of other Partners/Officers/ of your firm: \_\_\_\_\_

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: \_\_\_\_\_

Is the Office Address, as stated, your principal place of business?

Yes  No

**If no**, or if you have any branch offices, please indicate and give address: \_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state?

Yes  No

**If yes**, where: \_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years?

Yes  No

**If yes**, provide details: \_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime.

Yes  No

**If yes**, provide 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 Board, I shall pay the fees and dues as from time to time established.

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Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

*Attach a copy of your State of Vermont Broker License*

Mail this completed application, Agreement to Arbitrate, and your check to:

Lamoille Area Board of REALTORS®  
P. O. Box 596  
Stowe, VT 05672