



Iowa City Area Association of REALTORS®

Application for REALTOR® Membership

To the Iowa City Area Association of REALTORS®, I hereby apply for REALTOR® Membership in the above-named association and am enclosing my check in the amount of _____ for a one-time application fee payable to Iowa City Area Association of REALTORS®. My application fee will be returned to me in the event of no election. 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, 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 association 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®).*

Name: _____

Real Estate License #: _____

Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-mail: _____

Residence Address: _____

Phone: _____ Fax: _____ E-mail: _____

Cell Phone: _____

Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office [] Cell

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 REALTOR® 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) #: _____
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 **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 association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Iowa City Area 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, e-mail 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: _____ **Applicant Signature:** _____

Dated: _____ **Broker Signature:** _____

(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: _____

Dated: _____ **Membership Chair:** _____

Dated: _____ **President:** _____

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Page 2 for Designated Brokers/Branch Managers

Company information: 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 not, 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 so, where: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? 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. If yes, provide details: _____

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Dated: _____ **Signature:** _____