



ANN ARBOR AREA
BOARD OF REALTORS®

Application for Realtor® Membership

1919 W. Stadium Blvd., Ann Arbor, MI 48103

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*I hereby apply for REALTOR® membership in the Ann Arbor Area Board of REALTORS® and enclose my payment for an application fee, plus an amount equal to the prorated annual dues at date of application. I understand that dues are not refundable except in the event of termination by the Board of Directors. In such instances, dues shall be returned less a prorated amount to cover the number of days association services were received and any application fee. If I decide within 60 days of application that I do not wish to join the Board, any application fee (minus a \$50.00 processing fee) will be refunded. **Dues will not be refunded.***

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 Ann Arbor Area Board of REALTORS®, the Michigan Association of REALTORS®, and the National Association of REALTORS®.

I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. Membership is final only upon approval by the Board of Directors and may be revoked should requirements 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. Note: Applicant acknowledges that if accepted as a member and s/he subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board may condition renewal of membership upon applicant's certification that s/he 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®.

New Member:

Agent/Associate Broker

Primary

Appraiser

Secondary

Name (as shown on License): _____ Today's Date _____

Home Address: _____ City: _____ Zip: _____

Cell Phone #: _____ List this phone in Directory? Yes No

Real Estate License #: _____ Date Issued: _____

Email Address: _____ Website: _____

Date of Birth: _____ Nickname: _____

Are you now or were you ever a member of any Board: Yes No Current Member: Yes No

Association Name and Membership Type: _____

Have you ever been refused membership in any other Association of REALTORS®? If yes, attach a statement detailing the basis for each such refusal and the related circumstances: Yes No

Office Name: _____ Broker Code: _____

Office Address: _____ City: _____ Zip: _____

Office Phone #: _____ Office Fax #: _____

NEW SentiCard Pin Number Preference: _____ (if left blank, SentiLock will automatically assign you a 4 number unique pin for your SentiLock Card and account)

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. As per the Ann Arbor Area Board of REALTORS® Policy and Procedures manual, dues shall not be refunded when an individual terminates membership during the calendar year for which the dues are allocated. NOTE: Payments to the Ann Arbor Area Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as ordinary and necessary business expenses.

I understand that as the Broker/DR of the above office, my personal dues will increase by the annual amount prorated for the month in which this salesperson is licensed to my office and that I will be personally responsible for any and all financial debts this licensee may incur.

Broker/DR Name (Please enter or PRINT): _____

Broker/DR Signature: _____ **Date** _____

Applicant Name (Please enter or PRINT): _____

Applicant Signature: _____ **Date** _____

A copy of your license MUST be attached.

Method of Payment:

Cash

Visa

Discover

Check # _____

MasterCard

Personal Credit
Card

Company Credit
Card

**Please Note: We DO NOT accept American Express*

Card # _____ Exp. Date _____ Amount _____

Name on Card *(Please enter or PRINT)* _____

Signature _____

For AAABoR Office Use Only:

Amt Pd: App Fee \$ _____ + Dues \$ _____ = Total \$ _____

Constant Contact _____ Issued Card _____ Copy to Finance _____

Date Received: _____ Date Effective: _____