

## LCAR REALTOR® Membership Application

I, \_\_\_\_\_, hereby apply for membership as

- Designated REALTOR®       Primary REALTOR®       Licensed Assistant  
 Secondary       Appraiser       Transfer from \_\_\_\_\_

in the Livingston County Association of REALTORS®. I agree as a condition of membership to attend and complete the orientation course of the Livingston County Association of REALTORS®, and to abide by the bylaws and rules and regulations of the above named Association, the Michigan Association of REALTORS®, and the National Association of REALTORS® including, but not limited to, the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the National Association of REALTORS® as amended to conform with Michigan law.

I consent and authorize the Association to invite and receive information and comments about me from any Member or other person, and I further agree that any information furnished to the Association by any person in response to the invitation, shall be deemed privileged, and not form the basis of any action by me for slander, libel, or defamation of character.

I acknowledge that if I am accepted as a member and I subsequently resign or I am expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon verification that I will submit to the pending ethics or arbitration proceeding and will abide by the decision thereof, or if I resign or am expelled from membership without having complied with an award of arbitration, the Board of Directors may condition renewal of my membership upon my payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the reward and such costs have not, in the interim, been otherwise satisfied. I agree that upon termination of membership I will immediately discontinue using all membership materials and further agree to remove or permit to be removed all signs or references to membership.

**Please print legibly.**

Name as it appears on license: \_\_\_\_\_

License #: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

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

Company Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*NOTE: Please include a copy of your license or pocket card.**

**\*\* Fair Housing and Orientation classes must be completed within 60 days of receipt of this application by the LCAR office. Failure to do so will result in rejection of the application, loss of dues money, and access to Realcomp. \*\***

By signing this application, I agree that, if accepted for membership in the Association, I will timely pay the fees and dues as from time to time are established by the Association.

REALTOR® Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For LCAR use only

NRDS #: \_\_\_\_\_ Welcome letter sent \_\_\_\_\_ Constant Contact \_\_\_\_\_ RealComp Access \_\_\_\_\_

Board of Directors \_\_\_\_\_ MAR and NAR \_\_\_\_\_ Newsletter \_\_\_\_\_

Payment Date \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount Paid \_\_\_\_\_