

LCAR REALTOR® Membership Application

I, _____, hereby apply for membership as

- Primary REALTOR® Appraiser Transfer from: _____
 Secondary REALTOR® Licensed Assistant

in the Livingston County Association of REALTORS®. **I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or mediate if required by the Association), the Bylaws and Policies of the above named Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Bylaws and Policies**.** I understand that 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 Code of Ethics, not be completed within timeframe established in the association 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.

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 or is terminate, provided the dispute arose while applicant was a REALTOR®.

Please print legibly.

Name as shown on license: _____
 Real Estate License #: _____ Date of Birth: _____
 Home Address: _____
 City, Zip Code: _____
 Cell Phone #: _____
 Email Address: _____

Are you now or were you ever a member of another Board?	Association Name And Membership Type: _____	Current Member? o Yes o No
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.		o Yes x No

Brokerage Name: _____
 Brokerage Address: _____
 Brokerage Phone: _____ Fax: _____

***NOTE: A copy of your Real Estate license or pocket card MUST be included with your application.**

**** NAR Code of Ethics class must be completed online 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 MLS (Realcomp) Services. ****

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 LCAR policies and Procedures manual, dues shall not be refunded when an individual terminates membership during the calendar year for which the dues are allocated. 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	Constant Contact	RC Access
QB	Roster	MAR and NAR	Change
Payment Date	Check	Credit Card	Amount Paid