

ARLINGTON BOARD OF REALTORS®
APPLICATION FOR REALTOR® MEMBERSHIP

To the Arlington Board of REALTORS®, I hereby apply for REALTOR® Membership in the Board and agree to pay the dues and fees as described to me via phone or fax. My application fee will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association.

I consent that the Board, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the Orientation, not be completed within times indicated in the Bylaws.

Name as shown on Texas Real Estate License: _____

Texas Real Estate License Number: _____ Are you a: Broker _____ Salesman _____

SSN# (Last 4 only) _____ How should your name appear on Membership Roster?: _____

Office Name: _____

Office Address: _____ City/State/Zip: _____

Office Phone: _____ Fax: _____ Email: _____

Home Address (Required): _____ City/State/Zip: _____

Home Phone: _____ Fax: _____ Email: _____

Cell Phone: _____ Preferred Phone #: _____ Preferred Mailing: Home ___ Office ___

Email Billing: I would like for my quarterly statements to be billed to the following email address:

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)#: _____

Last date (year) of completion of NAR's Code of Ethics training requirement: _____.

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. Payments to the Arlington Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

I recognize that certain state and federal laws may place limits on communications. By signing below I consent that the REALTOR® Associations (Local, State, National) 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 Board in the future.

Dated: _____ Signature: _____

ARBOR STAFF USE ONLY: NRDS# _____

revised 6/2008