



**ANN ARBOR AREA
BOARD OF REALTORS®**

Non-Member Salesperson Application

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

P: (734) 761 – 7340

F: (734) 747 – 7377

E: AAABoR@AAABoR.com

www.AAABoR.com

Name: _____ Effective Date: _____

Home Address: _____ City: _____ Zip-Code: _____

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

Real Estate License #: _____ Date Issued: _____

Email Address: _____ Website: _____

Are you a member of another board? Yes No If yes, which one? _____

I understand that as a non-member salesperson, I have no membership privileges or services available to me and that I cannot use the REALTOR® trademark or trademarked symbol. Unauthorized use of the trademarks is a violation of federal law and is strictly enforced by the National Association of REALTORS®.

Applicant's Signature: _____ Date _____

Office Name: _____ Broker Code: _____

Office Address: _____ City: _____ Zip: _____

Office Phone #: _____ Office Fax #: _____

Broker Name (Please enter or PRINT): _____

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 non-member salesperson is licensed to my office and that I will be personally responsible for any and all financial debts this licensee may incur. I further understand that I am responsible for this licensee's ethical conduct. Any charge of violation of the Code of Ethics against this licensee will be filed with me as a respondent and I will be responsible for any and all disciplinary actions imposed on this licensee. This non-member salesperson may receive MLS services, but has no voting privileges, no membership privileges / services and cannot use the term REALTOR®. Use of the trademark is strictly enforced by the National Association of REALTORS®.

Broker Signature: _____ Date _____



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Method of Payment:

- Cash
- Check # _____
- Personal Credit Card
- Visa
- MasterCard
- Company Credit Card
- Discover

**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: _____