ANN ARBOR AREA BOARD OF REALTORS®

1919 W. Stadium Blvd., Ann Arbor, MI 48103 ~ Phone: 734.761.7340 ~ Fax: 734.747.7377 ~ www.AAABoR.com ~ REALTORS@AAABoR.com

Application for Broker Membership

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 complete satisfactorily, 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 completion of 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 of Directors 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®.

◯ Mr. ◯ Ms. Name (as shown on license): _____ Nickname: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone #: _____ List this phone in Directory? ◯ Yes ◯ No E-mail Address: _____

Website: _____ Real Estate License #: _____ Birthdate: _____

Are you currently a member of another Board? ◯ Yes ◯ No Association Name and Membership Type: _____

Were you ever a member of another Board? ◯ 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: _____ Firm License #: _____

Office Address: _____ City: _____ Zip: _____

Office Phone: _____ Office Fax: _____ Fax Preference: ◯ Office ◯ Personal Personal Fax: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details on a separate sheet and attach. ◯ Yes ◯ No

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgement of any court of competent jurisdiction of a felony or other crime? If yes, provide details on a separate sheet and attach. ◯ Yes ◯ No

Membership Type: ◉ Board & MLS ○ Board Only ○ MLS Only

Company Information: ○ Sole Proprietor ○ Partnership ○ Corporation ○ LLC

Your Position: ◉ Principal ○ Partner ○ Corporate Office ○ Branch Office Manager

Licensee Certification

CERTIFICATIO

In accordance with Article VI, Section 14 of the Bylaws of the Ann Arbor Area Board of REALTORS®, this will certify that the individuals listed below represent a complete listing of all real estate licensees affiliated with my firm (License #) _____.

I agree to notify the Board of any status changes within thirty (30) days from the date of the individual's affiliation or severance of affiliation with my office(s).

Signature of Designated REALTOR® _____ Date _____

Licensee Name	License Number	Association where membership is held or non-member fees are paid

(Attach additional pages as necessary)

If participating in the Multiple Listing Service (MLS), I agree to the following:

1. I will comply with all MLS Rules and Regulations.
2. I understand that a monthly user fee will be invoiced to each Participating MLS firm at the beginning of each quarter. The base amount of such fee will be recommended by the Finance Committee and adopted by the Board of Directors. The total monthly user fee for each Participating MLS firm will be computed by multiplying this base amount times each licensed broker, licensed associate broker, licensed salesperson and licensed or certified appraiser who has access to and use of the Service, and who is employed by or affiliated as an independent contractor with such Participating MLS firm.
3. I understand that the MLS Rules and Regulations may be changed from time to time and I hereby agree to comply with the changes. It is further understood that my continued participation in the MLS will be subject to those changes. In the event that I do not wish to comply, I will submit a written notice and my Participation in the MLS will terminate.
4. The Board of Directors will have the right to terminate my participation in the MLS for violating its Rules and Regulations.
5. My participation in the MLS will continue until I elect to discontinue it or it is terminated by the Board of Directors.
6. In the event that the undersigned is incorporated, the corporate office signing below agrees to personally guarantee and be responsible for any and all service charges due or owing from the undersigned.

Initials _____

SentriLock SmartCard Information

The Ann Arbor Area Board of REALTORS® uses the SentriLock Electronic Lockbox System. This system uses a credit card size SmartCard to access lockboxes. The SentriLock Lockbox has a keypad on the front allowing out-of-area agents, agents without SmartCards, and Contractors to be given a code to gain access at the door.

1. **All Users of the MLS system will receive an initial SentriCard at no cost, unless an Opt-Out Form is completed and submitted to the Board office.**
2. If my card is lost or stolen, I must notify the Board office and can purchase a replacement.
3. There is a monthly service fee for the SentriCard that will be billed with my quarterly MLS fees.
4. SentriCard **service fees are not refundable**.
5. If I choose not to participate, I **MUST** complete and submit to the Board Office an Opt-Out Form.
6. Each Office received a card reader for updating SentriCards.
7. I may purchase a personal card reader from the Board office.
8. I may purchase electronic lockboxes to use in the AAABoR Electronic Lockbox System.

Please check one of the following:

- ◉ I understand and agree to the above regarding The Ann Arbor Area Board of REALTORS® Electronic Lockbox System.
- ○ I choose not to receive a SentriCard at this time.

Signature: _____ Date: _____

If you are requesting a card and would like a specific 4-digit PIN, please indicate here: _____
(Please note, PINs cannot start with a zero).

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.

By signing below, I agree that the Ann Arbor Area Board of REALTORS®, the Michigan Association of REALTORS®, the National Association of REALTORS® and their subsidiaries 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 association in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of membership.

Printed Broker Name: _____ Date: _____

Signature: _____

A copy of your license MUST be attached.

Payment Method: ◉ Cash ○ Check ○ Visa ○ MC ○ Discover Amount $: _____

Card #: _____ ◉ Personal ○ Corporate

Exact Name on Card: _____ Exp. Date: _____

Signature: _____

AAABoR Office Use Only Amt Pd: App Fee $_____+Dues $_____= Total $ _____

Date Received:_____Effective Date: _____