

Application for Agent 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 satisfactorily complete 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 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 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®.

New Member: Agent/Associate Broker Appraiser Primary Membership Secondary Membership

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

Home Address: _____ City: _____ Zip: _____

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

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

Are you now or were you ever a member of any Board? <input type="radio"/> Yes <input type="radio"/> No	Association Name and Membership Type: _____	Current Member? <input type="radio"/> Yes <input type="radio"/> No
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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: _____ Broker Code: _____

Office Address: _____ City: _____ Zip: _____

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

Payment Method: Cash Check Visa MC Discover Amount \$ _____

Card # _____ Personal Corporate

Exact Name on Card _____ Exp. Date: _____

Signature: _____

SentriLock SmartCard Information

The Ann Arbor Area Board of REALTORS® uses the SentriLock Electronic Lockbox System. This system uses a credit card size SmartCard and mobile SentriSmart app 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 are eligible to receive an initial SentriCard at no cost.**
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 billed quarterly and **are not refundable**.
5. If I choose not to participate, I **MUST** notify the Board Office in writing or by email.
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 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. 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 salesperson is licensed to my office and that I will be personally responsible for any and all financial debts this licensee may incur.

Printed Broker/DR Name: _____ **Date:** _____

Broker/DR Signature: _____

Printed Applicant Name: _____ **Date:** _____

Applicant Signature: _____

A copy of your license MUST be attached.

AAABoR Office Use Only	Amt Pd: App Fee \$ _____ + Dues \$ _____ = Total \$ _____	
	Date Received: _____	Effective Date: _____