



REALTOR®

ANN ARBOR AREA  
BOARD OF REALTORS®

# Non-Member Salesperson Application

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

Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: [realtors@AAABoR.com](mailto:realtors@AAABoR.com) | Website: [www.AAABoR.com](http://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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# Payment Sheet

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Email: [realtors@AAABoR.com](mailto:realtors@AAABoR.com)

Website: [www.AAABoR.com](http://www.AAABoR.com)

## Method of Payment:

Cash

Visa

Discover

Check # \_\_\_\_\_

MasterCard

American Express

Personal Credit  
Card

Company Credit  
Card

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: \_\_\_\_\_