



## APPLICATION FOR New Brokerage

I hereby apply for REALTOR® Membership in the **Mid-Shore Board of REALTORS (MSBR)**, enclosing payment in the amount of **\$250.00**. **This is a onetime fee for a new Brokerage office** and is payable to the MSBR. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable.

**Please read and initial each section:**

\_\_\_\_ Membership in MSBR necessarily means that I am also a member of the State and National Associations of REALTORS® and I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to mediate, and to abide by the Constitution, Bylaws and Rules and Regulations of MSBR and of the State Association and the National Association.

\_\_\_\_ I acknowledge that as a member of the MSBR, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Assoc. and use of this designation is subject to rules promulgated by the National Assoc. Upon termination of my membership in MSBR, for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term and all trademarks.

\_\_\_\_ Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws.

\_\_\_\_ I acknowledge that the duty to arbitration and/or ethics complaint continues in effect even after membership lapses or is terminated, provided the dispute arose while I was a REALTOR®. Any ensuring discipline will be held in abeyance until such time as I rejoin an association of REALTORS®.

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name		Suffix.			
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Date of Birth					
E-mail Address:					
Real Estate License #					
License Renewal Date					

COMPANY INFORMATION:			
Office Name:			
Office Address:			
Office Phone:			
Your position: <input type="checkbox"/> Sale Agent <input type="checkbox"/> Broker <input type="checkbox"/> Associate Broker <input type="checkbox"/> Office Manager			
<input type="checkbox"/> Other			

PREFERRED CONTACT INFORMATION:			
Preferred Phone:	<input type="checkbox"/> Office <input type="checkbox"/> Cell		
E-Mail			
Preferred Mailing:	<input type="checkbox"/> Home <input type="checkbox"/> Office		
Mail Publications to:	<input type="checkbox"/> Home <input type="checkbox"/> Office		
Office Mailing Alternate:			
Address:			
City:		State:	
		Zip:	

APPLICANT INFORMATION:	
Do you acknowledge that your use of the REALTORS® trademarks must comply with the National Association's trademark rules? <input type="checkbox"/> Yes <input type="checkbox"/> No	
With what Association are you a Member?	
Name of Association	
Contact Information	
Please provide the information below.	
Your membership (NRDS) #	
Last date (year) of completion of NAR's Code of Ethics training requirement:	
Have you ever been refused membership in any other Association of REALTORS©? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within three (3) Years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Within the last ten years, have you been (1) convicted of a crime punishable by death or imprisonment in excess of one year or (2) been released from confinement imposed for that conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details	
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS© in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there pending ethics complaints against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any unsatisfied discipline pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
Are you a party to pending arbitration request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	

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 annual dues as established by the Board of Directors.

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

By signing below I consent that the Mid-Shore Board of REALTORS® Associations, the Maryland Association of REALTORS® and the National Association of REALTORS® 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(s) 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 my membership.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

**REQUIRED ADDITIONAL INFORMATION**

Past Employment			
How long with current real estate firm?			
Previous real estate firm (if applicable):			
Number of years engaged in the real estate business:			
Field of Business (Specialties)?			
Languages Spoken?			

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**INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION**

Join Date:			
Status:	<input type="checkbox"/> Active <input type="checkbox"/> Provisional		
Primary Local Association NRDS ID #			
Primary State Association NRDS ID #			
Office ID:			
(If broker)			
Office Contact (Designated REALTOR®)			
Office Contact Manager:			
Number of Non-Member Licensees:			

**PAYMENT**

Make Payable to Mid-Shore Board of REALTORS or MSBR			
Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		
Credit Card Type	American Express, Visa, Discover or Master Card		
Credit Card Number			
Name on Credit Card			
Expiration Date			