

APPLICATION FOR YCC SECONDARY REALTOR® MEMBERSHIP

YOUR PREFERRED E-MAIL ADDRESS: __

To the York Council of the Maine Association of REALTORS®, I hereby apply for Secondary REALTOR® Membership in the Association and am enclosing my payment in the amount of \$20.00 for a one-time application fee and \$100.00 for my 2024 Dues payable to the Maine Association of REALTORS®. My 2024 dues will be returned to me in the event of non-election. Application fee is nonrefundable. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the above-named Council, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I consent that the Council, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Council by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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 he/she 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®.

or otherwise causes membership to ter terminated, provided the dispute arose				es in effect even d	after membership	lapses or is
I hereby submit the following information for	your consider	ation:				
Name (Licensed):			R	eal Estate Licens	e #:	
Name (Licensed): Licensed/certified appraiser: \(\subseteq \text{ Yes} \)		No		License #:		
Primary Field of Business:						
Office Name:						
Office Address:						
Office Address:	Fax:			Cell:		
Home Address:						
Phone:	Fax:			Cell:		
Home Address: Phone: Preferred Mailing Address: Optional Information: Date of Birth	ffice	Home	Preferred Phone: _	Office	Home	Cell
If <u>previous</u> REALTOR® membershi Have you been found in violation of three years or are there any complair If you are now or have ever been a R date (year) of completion of NAR's Are you a principal, partner, corportion of the state of the	f the Code of the pending? EALTOR® Code of Ethorate office	of Ethics or ?	other membership dut No. If yes, provide of pur NAR Membership requirement: manager? If	letails in an attack (NRDS) #: yes, you must co	hment. omplete the 2 nd	, and last
I hereby certify that the foregoing in accurate information as requested, or agree that, if accepted for membersh Payments to the Maine Association of deductible as an ordinary and necess discontinue membership, I understan	any missta ip in the Co of REALTC ary busines	itement of fa ouncil, I shall ORS® are no s expense. N	ct, shall be grounds for I pay the fees and dues at deductible as charital No refunds. In the even	revocation of m as from time to to ble contributions. at I fail to mainta	y membership i time established Such payments in eligibility for	f granted. I further . NOTE: s may, however, be
By signing below, I consent that REA contact me at the specified address, t consent applies to changes in contact laws may place limitations on comm	elephone notion	umbers, fax i	numbers, email addres by me in the future. Th	s or other means his consent recog	of communicati nizes that certain	on available. This n state and federal
Date:	Signature				Amount: \$	
Payment Type: ☐ Company Check/ Credit Card #:	Credit Card	l 🗆 Person				Code:
				-		

York County Council of the Maine Association of REALTORS®, 19 Community Dr, Augusta, ME 04330 Phone: (207) 622-7501 | Email Application w/Payment Information to Bonnie@mainerealtors.com for Processing.

IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION.

Company information:	Sole Proprietor _	Partnership	Corporation	LLC (Lim	ited Liability Corp.)
Your position:	Principal	Partner	Corporate Of	ficer Branc	ch Office Manager
Names of other Principles	Partners/Officers of yo	our firm:			
Have you ever been refuse If yes, state the basis for ea					
Is the Office Address, as s If not, or if you have any b					
In what areas of real estate	do you specialize?				
Do you hold, or have you of If so, where:					
Have you or your firm bee ☐ Yes ☐ No If yes, provide details:					•
Have you or your firm bee jurisdiction of a felony or If yes, provide details:	other crime? Yes	\square No		, ,	-
accurate information as recagree that, if accepted for a	quested, or any misstate membership in the Cou sociation of REALTOR	ement of fact, sha ncil, I shall pay t RS® are not dedu	Il be grounds for re ne fees and dues as ctible as charitable	vocation of my m from time to time	re to provide complete and embership if granted. I further established. NOTE: ch payments may, however, be
may contact me at the spec This consent applies to cha	cified address, telephon anges in contact inform	e numbers, fax nation provided by	umbers, email address me in the future.	ess or other means This consent reco	ries (e.g., MLS, Foundation) s of communication available. gnizes that certain state and as part of my membership.
Date:	Signature:			A	mount: \$
Payment Type: Compa	•				
Credit Card #:				Exp. Date:	Code:

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