



REALTOR®

APPLICATION FOR **YCC SECONDARY REALTOR®** MEMBERSHIP

YOUR PREFERRED E-MAIL ADDRESS: \_\_\_\_\_

To the York County 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 \$50.00 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®.

I hereby submit the following information for your consideration:

Name (Licensed): \_\_\_\_\_ Real Estate License #: \_\_\_\_\_
Licensed/certified appraiser: [ ] Yes [ ] No Appraisal License #: \_\_\_\_\_
Primary Field of Business: \_\_\_\_\_

Office Name: \_\_\_\_\_
Office Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_
Home Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_
Preferred Mailing Address: [ ] Office [ ] Home Preferred Phone: [ ] Office [ ] Home [ ] Cell
Optional Information: Date of Birth: \_\_\_\_\_

Are you presently a member of any other Association of REALTORS®: [ ] Yes [ ] No
If yes, name of Association and type of membership held: \_\_\_\_\_
If previous REALTOR® membership, where: \_\_\_\_\_

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 or are there any complaints pending? [ ] Yes [ ] No. If yes, provide details in an attachment.

If you are now or have ever been a REALTOR®, indicate your NAR Membership (NRDS) #: \_\_\_\_\_, and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_.

Are you a principal, partner, corporate officer or branch manager? [ ] If yes, you must complete the 2nd page.

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 Council, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Maine Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. In the event I fail to maintain eligibility for membership, or discontinue membership, I understand I will not be entitled to a refund of dues and fees for any reason.

By signing below, I consent that REALTOR® Associations (local, state, national) and their subsidiaries (e.g., MLS, Foundation) 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 provided by me in the future. This consent recognizes that certain state and federal laws may place limitations on communications that I am waiving to receive all communications as part of my membership.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
Payment Type: [ ] Company Check/Credit Card [ ] Personal Check/Credit Card
Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

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

Company information:    \_\_\_ Sole Proprietor    \_\_\_ Partnership    \_\_\_ Corporation    \_\_\_ LLC (Limited Liability Corp.)

Your position:            \_\_\_ Principal            \_\_\_ Partner            \_\_\_ Corporate Officer    \_\_\_ Branch Office Manager

Names of other Principles/Partners/Officers of your firm: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®?     Yes     No

If yes, state the basis for each such refusal and detail the circumstances related thereto: \_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as stated, your principal place of business?     Yes     No

If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_  
\_\_\_\_\_

In what areas of real estate do you specialize? \_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state?     Yes     No

If so, where: \_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years?

Yes     No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime?     Yes     No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment Type:     Company Check/Credit Card     Personal Check/Credit Card

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 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](mailto:Bonnie@mainerealtors.com) for Processing.