



APPLICATION FOR REALTOR® SECONDARY MEMBERSHIP - SEACOAST BOARD OF REALTORS®

Please add our emails to your address book: sevans@seacoastboard.com

To the Seacoast Board of REALTORS®, I hereby apply for REALTOR® membership in the above-named Board and enclose my check in the amount of **\$225.00** for a one-time application fee plus \$_____ (*contact board for amount*) for my 2023 Pro-rated dues, made payable to the Seacoast Board of Realtors®. My application fee and 2023 dues will be returned to me in the event I am not accepted to membership. In the event my application is approved, 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 above-named Board, 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, Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. 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 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. *Amount shown is prorated according to month joining. Dues are nonrefundable.

***Note:** Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or otherwise causes membership to terminate with an ethics complaint request 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: _____ Real Estate License #: _____

Office Name: _____

Office Address: _____

Office Telephone: _____ Office Fax: _____

Business E-Mail: _____

Personal E-Mail: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Are you presently a member of any other Association of REALTORS®? No Yes

If “yes,” name of Association and type of membership held: _____

Have you previously held membership in any other Association of REALTORS®? No Yes

If “yes,” name of Association and type of membership held: _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of

REALTORS® in the past three (3) years or are there any such complaints pending? _____ (If yes, provide details as an attachment.)

If you are now or have been a REALTOR®, indicate your NAR membership (NRDS) # _____
And last date, with year, of completion of NAR's Code of Ethics training requirement: _____

Are you a principal, partner, corporate officer or branch office manager? _____ (If yes, you must complete application for Designated Brokers/Branch Managers.)

Is Real Estate your full-time career? Yes No

If NO, what is your primary career? _____

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 misstatements 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 fees and dues as from time to time established. Note: Payments to the Seacoast Board of REALTORS® are not deductible as a charitable contribution. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR Associates (local, state, national) and their subsidiaries, if any (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 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.

Agent Profile---Previous Work Experience

- Accounting
- Marketing
- Public Relations
- Graphic Design
- Event Planning
- Community Service
- Other _____

May we contact you for projects where your background and skills would be beneficial? Yes No

Dated: _____ Signed: _____

Please choose one:

- YES, I want to receive Broker Open House broadcast emails.**
- NO, I do not wish to receive Broker Open House broadcast emails.**

Please charge my credit card: \$_____

Card # _____ - _____ - _____

Expiration date: ____/____/____ Security Code: _____

Signature: _____

Please notify the Seacoast Board of any demographic changes, (address, email, agency, etc.)