



Application for Secondary Realtor® Membership

Questions? Please contact: membership@seacoastboard.com (603) 433-9990.

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 **\$100** for a one-time fee plus \$_____ (**contact board for amount**) for my 2024 pro-rated dues. Checks are made payable to the Seacoast Board of Realtors®. My 2024 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.

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: _____ Business E-Mail: _____
Personal E-Mail: _____ Cell Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____

What Association/s of REALTORS® are presently a member of?

List Association and type of membership held: _____

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

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.)

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? ☐ Yes ☐ No
(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

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Community Service <input type="checkbox"/> Other _____ |

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

Signature: _____ Date: _____

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 choose one:

- ☐ Check mailed to 210 Commerce Way, Suite 200 Portsmouth, NH 03801
- ☐ Call me for payment
- ☐ Card info below,

Please charge my credit card: \$_____ Keep this card on file ☐ Yes ☐ No

Card # _____ - _____ - _____ - _____ Exp date: ____/____ Sec code: _____

Signature: _____ Date: _____

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