



40 Summer Street Fitchburg, MA 01420
 (978) 345-2531 www.ncmar.com

2019 APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the North Central Massachusetts Association of REALTORS® (NCMAR). This completed application must be submitted to NCMAR within 10 days of affiliation with your current real estate office.

Application Fees and Dues: Attached is payment in the amount of \$ 50 for my one time application fee and \$ 636 (prorated monthly) for my membership dues payable directly to NCMAR.

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including all of the following:

- I will attend orientation within **90 days** of NCMAR confirming my membership. Failure to meet this requirement may result in having my membership terminated.
- Membership in the NCMAR association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate, as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, I agree to satisfactorily complete the biennial Code of Ethics training as required by the National Association.
- I acknowledge that as a member of NCMAR, I will be licensed to use the REALTOR® trademark 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 Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the 90 day timeframe established in the Association's bylaws.

NOTE: *The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.*

CONTACT INFORMATION:					
First Name			Middle Name		
Last Name			Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Fax:					
Primary E-mail:			Secondary E-mail:		

LICENSE INFORMATION:		
Broker or Salesperson's License #		
State of Licensure:	Appraisal License #	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, where:		

COMPANY INFORMATION:			
Office Name:			
Office Address:			
Office Phone:		Fax:	
Company Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify			
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder			
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other			

PREFERRED MAILING/CONTACT INFORMATION:		
Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell		
Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail		
Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate		

APPLICANT INFORMATION:	
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
NAR membership (NRDS) #	
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
NAR membership (NRDS) #	
If you are now or have been a REALTOR® member before, please provide the information below.	
Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	

Do you have a record of criminal conviction(s) within the past seven (7) years? <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 (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
Are there pending ethics complaints against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
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 Association, I shall pay the fees and dues as from time to time established.

By signing below, I consent that the REALTOR® Associations (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.

Dated: _____ Signature: _____

NOTE: Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **All Dues paid are non-refundable.**

New Member Application Fee and Pro-Rated Dues Payable at Time of Application							
January	\$686	February	\$640	March	\$593	April	\$546
May	\$499	June	\$453	July	\$406	August	\$359
September	\$312	October	\$266	November	\$219	December	\$172

Please provide your payment information below. We accept all major credit cards.

Check Enclosed _____ Credit Card _____(mc, visa, discover, amex)

Credit Card Number _____ Exp. Date _____ CSV Code _____

Signature: _____

LOCAL ASSOCIATION USE

Join Date:	
Status:	<input type="checkbox"/> Active <input type="checkbox"/> Provisional
Orientation Date:	
Primary Local Association NRDS ID #	