

APPLICATION FOR
CHAUTAUQUA COUNTY BOARD OF REALTORS®, INC.
MEMBERSHIP

To the Chautauqua County Board of REALTORS®, Inc., I hereby apply for REALTOR® Membership in the above name Board and am enclosing my check in the amount of *\$_____*for my Board Dues payable to CCBR. The above amount will be returned to me in the event of non-election. In the even of my election, 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 and Rules and Regulations within one year of joining said Board. 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 the 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 monthly joining.

NOTE: Applicant acknowledges that is accepted as a member and he/she subsequently resigns from the Board 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:

Mr. Mrs. Miss Ms.

(First Name) (Middle Initial) (Last Name) (Suffix)

Male Female

*Date of Birth _____
(MM/DD/YYYY)

License Number: _____

License Expiration Date: _____
(MM/DD/YYYY)

Type of License: Broker Associate Broker Salesperson Appraiser

Type of Membership: REALTOR® REALTOR®-ASSOCIATE AFFILIATE

Office Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____ Office E-Mail: _____

Office Website: _____

Home Address: _____

Home Phone: _____ *Cell Phone: _____ Personal E-Mail: _____

Personal Website: _____

Preferred Mailing Address: Home Office Preferred Phone: Home Office Cell

Are you currently a member of any other association for REALTORS®? YES NO

If yes, name of the association and type of membership held: _____

NRDS ID #: _____

* Member Response is optional

NYSAR Recommended Standard Application

Have you previously held membership in any other association of REALTORS®? YES NO

If yes, name of the association and type of membership held: _____

NRDS ID #: _____

Have you ever refused membership in any other association of REALTORS® YES NO

If yes, state the basis for such refusal and detail the circumstances related thereto: _____

Have you been found in violation of the Code of Ethics or other membership duties in the past three years: YES NO

If yes, provide details as an attachment.

Do you have any Code of Ethics complaints pending? YES NO

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status of the complaint as an attachment.

Have you been found in violation of state real estate licensing regulations within the last three years? YES NO

If yes, provide details: _____

Has your licensed ever been suspended or revoked? YES NO

If yeas, specify the place(s) and date(s) of such action, and detail the circumstances relating to the suspension or revocation. _____

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

If yes, provide details: _____

Principal/Brokers answers only

Record the names and titles of all other Principals, Partners, Corporate Officers, or Trustees of your firm.

Has your firm been found in violation of state real estate licensing regulations within the last three years? YES NO

If yes, provide details: _____

Has 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: _____

* Member Response is optional

Area of Specialization:

Choose up to 2 specialties. Mark "P" for your primary field of business and "S" for you Secondary field of business.

Residential

- 100 General Residential Sales
- 101 Existing Sales
- 102 New Homes
- 103 Buyer Brokerage
- 107 Condominiums
- 109 Appraisal
- 120 Brokerage Management
- 121 Corporate Management
- 122 Sales Management
- 123 Trainer/Instructor/Educator
- 130 Property Management-Single Family
- 131 Property Management-Multi-Family
- 132 Property Management-Condos/Resorts/Time Shares

Commercial

- 200 General Commercial Sales/Leasing
- 206 Property Management
- 207 Appraiser
- 220 Brokerage Management
- 221 Corporate Management
- 233 Investment Properties

General

- 301 General Appraisal
- 302 General Real Estate

Specialties

- 313 Financial Services
- 314 Real Estate Law
- 316 Relocation
- 319 Real Estate Taxation
- Other

Please indicate the professional designations that you currently hold. (Check all that apply.)

- | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> ABR | <input type="checkbox"/> CCIM | <input type="checkbox"/> CRB | <input type="checkbox"/> GAA | <input type="checkbox"/> MAI | <input type="checkbox"/> SRA | <input type="checkbox"/> ABRM |
| <input type="checkbox"/> CIPS | <input type="checkbox"/> CRE | <input type="checkbox"/> GRI | <input type="checkbox"/> RAA | <input type="checkbox"/> SRES | <input type="checkbox"/> CAE | <input type="checkbox"/> CRM |
| <input type="checkbox"/> CRS | <input type="checkbox"/> LTG | <input type="checkbox"/> SIOR | | | | |

***Are you a registered voter?** YES NO

***Educational Level**

- High School
- Some College
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Other

***Ethnicity**

- Asian/Pacific American
- Black/African American
- Hispanic
- Native American
- White/Caucasian
- Other

*Foreign Languages spoken: _____

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 Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Chautauqua County Board of REALTORS, Inc. are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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, e-mail 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: _____

* Member Response is optional