



APPLICATION For New Brokerage

I hereby apply for REALTOR® Membership in the **Mid-Shore Board of REALTORS (MSBR)**, enclosing payment in the amount of **\$250.00**. **This is a onetime fee for a new Brokerage office** and is payable to the MSBR. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable.

Initial by Each:

____ Membership in MSBR necessarily means that I am also a member of the State and National Associations of REALTORS® and I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to mediate, and to abide by the Constitution, Bylaws and Rules and Regulations of MSBR and of the State Association and the National Association.

____ I acknowledge that as a member of the MSBR I will be licensed to use the REALTOR® trademarks 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 Assoc. and use of this designation is subject to rules promulgated by the National Assoc. Upon termination of my membership in MSBR, for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term and all trademarks.

____ 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 acknowledge that the duty to arbitration and/or ethics complaint continues in effect even after membership lapses or is terminated, provided the dispute arose while I was a REALTOR®. Any ensuing discipline will be held in abeyance until such time as I rejoin an association of REALTORS®.

The Dues amount is prorated according to month joining unless membership was held the previous year. Please call the office to obtain information on individual membership at 410-822-8767 or msbr@msbrmd.com

PERSONAL 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:		
Date of Birth					
E-mail Address:			Secondary E-mail:		
Real Estate License #					
License Renewal Date					

COMPANY INFORMATION:

Office Name:			
Office Address:			
Office Phone:		Fax:	
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 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
Mail Publications to:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Office Mail Alternate	<input type="checkbox"/> Member Mail Alternate

Office Mailing Alternate:

Address:			
City:		State:	
		Zip:	

Member Mailing Alternate:

Address:			
City:		State:	
		Zip:	

APPLICANT INFORMATION:

Do you acknowledge that your use of the REALTORS® trademarks must comply with the National Association's trademark rules? Yes No

With what Association are you a Member?

Name of Association	
Contact Information	

Please provide the information below.

Your membership (NRDS) #	
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Last date (year) of completion of NAR's Code of Ethics training requirement:	
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Have you ever been refused membership in any other Association of REALTORS®? Yes No

Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within three (3) Years? Yes No

Within the last ten years, have you been (1) convicted of a crime punishable by death or imprisonment in excess of one year or (2) been released from confinement imposed for that conviction? Yes 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 years? Yes No

Are there pending ethics complaints against you? Yes No

Do you have any unsatisfied discipline pending? Yes No

If yes, provide details.

Are you a party to pending arbitration request? Yes 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? Yes 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 Board, I shall pay the annual dues as established by the Board of Directors.

NOTE: Payments to the Mid-Shore Board of REALTORS® 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 Mid-Shore Board of REALTORS® Associations, the Maryland Association of REALTORS® and the National Association of REALTORS® 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: _____

REQUIRED ADDITIONAL INFORMATION	
Past Employment	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Field of Business (Specialties)?	
Languages Spoken?	

INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION

Join Date:	
Status: <input type="checkbox"/> Active <input type="checkbox"/> Provisional	
Primary Local Association NRDS ID #	
Primary State Association NRDS ID #	
Office ID:	
(If broker)	
Office Contact (Designated REALTOR®)	
Office Contact Manager:	
Number of Non-Member Licensees:	

PAYMENT

Make Payable to Mid-Shore Board of REALTORS or MSBR	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Credit Card Type	American Express, Visa, Discover or Master Card
Credit Card Number	
Name on Credit Card	
Expiration Date	