MEMBERSHIP APPLICATION
TIFTAREA BOARD OF REALTORS® (TBOR)
&/OR MULTIPLE LISTING SERVICE OF THE TBOR (MLS)
PO BOX 864, TIFTON, GA 31793
(229) 388-1111 FAX: (229) 382-2848

I am applying for membership for the following category: (Please Check One)

[ ] PRIMARY [ ] SECONDARY-NAME OF PRIMARY BOARD: _____ [ ] MLS ONLY

Membership Type: (Please Check One)

[ ] BROKER [ ] DESIGNATED REALTOR [ ] AGENT [ ] CERTIFIED/LICENSED APPRAISER

To the Tiftarea Board of REALTORS®, and/or the Multiple Listing Service. I hereby apply and submit dues for the following Membership: REALTOR: $_____ (Payable to Tiftarea Board of REALTORS)
MLS: $_____ (Payable to Tiftarea MLS).
* My application fee and dues will be returned to me in the event of non-election.

NOTE: In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate. Also, I agree to abide and adhere to the Constitution, Bylaws and Rules and Regulations of the Tiftarea Board of REALTORS® , the Multiple Listing Service, the Georgia Association and the National Association. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.
Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board/Council 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: (PLEASE PRINT) All Information is required****

Name: _____ Real Estate License #: _____
(As shown on license)
Appraiser License#: _____

Name You Go By: _____ Date of Birth: _____

Company Name: _____

Company Address: _____
Street City Zip

Office Phone: ( ) _____ Fax: ( ) _____

Home Address: _____
Street City Zip

Home Phone: ( ) _____ Cell Phone: ( ) _____

Preferred Mailing: [ ] Home [ ] Office Preferred Phone: [ ] Home [ ] Office [ ] Cell

Email Address: _____

Do you hold yourself out to the general public as being actively engaged in the real estate business? _____
Specialty: [ ] Residential [ ] Commercial [ ] Land [ ] Auction

How long with current real estate firm? _____ Previous real estate firm (if applicable): _____

Are you currently a member of any other Board of REALTORS®? _____. If yes, name of Board and type of membership held: _____

Have you previously held membership in any other Board? _____. If yes, name of Board and type of membership held: _____

If you are now or have ever been a REALTOR®, indicate your NAR membership -NRDS# _____

What date (year) did you last take the NAR's Code of Ethics required training (if applicable): _____

Has there been a Code of Ethics violation filed against you in the last 3 years or is there any currently pending? _____
If yes, please specify: _____

Have there been any real estate related complaints by a federal or state agency against you, within the last three years? ____
If yes, please specify: _____

Are you a Principal Broker, Designated Realtor, Branch Manager, or Appraiser? _____ If yes, you must also complete page 3 of this application.

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 Tiftarea Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. I understand it is the Association policy there will be NO REFUNDS on any fees/dues paid.

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.

I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and other obligations of participation, including payment of fees. I confirm that I currently, and will on a continual and ongoing basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS and/or accept offers of cooperation and compensation made by other Participants through the MLS. I agree that I must continue to engage in such activities during my participation in the MLS. I acknowledge that failure to abide by these conditions of participation on an ongoing basis may result in potential suspension or termination of MLS participatory rights after a hearing in accordance with the established procedures of the MLS.

*****THIS APPLICATION MUST BE SIGNED BY BOTH THE AGENT AND THE BROKER*****

Applicant Signature: _____ Date: _____

Broker Signature: _____ Date: _____

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 3 FOR PRINCIPAL BROKER/DESIGNATED BROKERS/BRANCH MANAGERS/APPRAISERS

Company Information: [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC(Limited Liability Company)

DESIGNATED REALTORS MUST HOLD ONE OF THE FOLLOWING POSITIONS WITHIN THE COMPANY: (PLEASE CHECK ONE)

[ ] PRINCIPAL BROKER [ ] PARTNER [ ] CORPORATE OFFICER [ ] OFFICE MANAGER

APPRAISERS APPLYING FOR DESIGNATED REALTOR® MEMBERSHIP MUST HOLD ONE OF THE FOLLOWING POSITIONS: (PLEASE CHECK ONE)

[ ] PRINCIPAL APPRAISER [ ] PARTNER [ ] CORPORATE OFFICER [ ] OFFICE MANAGER

Names of other Partners/Officers of your firm: _____
_____

Have you ever been refused membership in any other real estate Board/Council? _____

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

Is the Office Address, as stated, your principal place of business? _____

If not, or if you have any branch offices, please indicate and give address: _____
_____

Do you hold, or have you ever held, a real estate license in any other state? _____
If so, where: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? _____
If yes, provide details: _____
_____

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by final judgment of any court competent jurisdiction of a felony or other crime? _____ 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 fees and dues as from time to time established. NOTE: Payments to the Tiftarea 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 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.

Date: _____ Signature: _____

BROKER'S SIGNATURE _____
(IF PARTNER/OFFICER/ MANAGER IS JOINING AS DESIGNATED REALTOR INSTEAD OF BROKER)