

APPLICATION FOR MCAR SECONDARY REALTOR® MEMBERSHIP

YOUR PREFERRED E-MAIL ADDRESS: __

To the Maine Commercial Association of REALTORS®, I hereby apply for REALTOR® Membership in the Association and am enclosing my payment in the amount of 75.00 for my 2024 Dues payable to the Maine Association of REALTORS®. My 2024 dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, 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. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. 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.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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	on for your consideration:	
Name (Licensed):		Real Estate License #:
Licensed/certified appraiser:	Yes	Appraisal License #:
Primary Field of Business:		
Office Name:		
Office Address:		
Office Address:Phone:	Fax:	Cell:
Home Address:		
Home Address: Phone:	Fax:	Cell:
Preferred Mailing Address: Optional Information: Date of I	Office Home	Preferred Phone: Office Home Cell
If <u>previous</u> REALTOR® memb- Have you been found in violation three years or are there any come If you are now or have ever been date (year) of completion of NA Are you a principal, partner, of I hereby certify that the foregoing in information as requested, or any mifor membership in the Board, I shall REALTORS® are not deductible as	type of membership held: ership, where: on of the Code of Ethics plaints pending? Yes a REALTOR®, indicate R's Code of Ethics training corporate officer or branch formation furnished by me is estatement of fact, shall be gl pay the fees and dues as from the contributions. So I fail to maintain eligibility for the contributions of the contributions of the contributions of the contributions.	or other membership duties in any Association of REALTORS® in the past No. If yes, provide details in an attachment. your NAR Membership (NRDS) #:, and last ng requirement:, is true and correct, and I agree that failure to provide complete and accurate rounds for revocation of my membership if granted. I further agree that, if accepted om time to time established. NOTE: Payments to the Maine Association of ach payments may, however, be deductible as an ordinary and necessary business for membership, or discontinue membership, I understand I will not be entitled to a
the specified address, telephone nur	mbers, fax numbers, email ad e in the future. This consent	al, state, national) and their subsidiaries (e.g., MLS, Foundation) may contact me at ldress or other means of communication available. This consent applies to changes in recognizes that certain state and federal laws may place limitations on as as part of my membership.
Date:	Signature:	Amount: \$
Payment Type: Company Ch	neck/Credit Card	sonal Check/Credit Card
Credit Card #:		Exp. Date: Code:

Maine Commercial Association of REALTORS®, 19 Community Drive, Augusta, ME 04330 Phone: (207) 622-7501 | Email Application w/Payment Information to Bonnie@mainerealtors.com for Processing.

$\underline{\text{IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS} \underline{\text{APPLICATION.}}$

Company information:	Sole Proprietor _	Partnership _	Corporation	_LLC (Limited L	iability Corp.)			
Your position:	Principal	Partner _	Corporate Officer	Branch Off	ice Manager			
Names of other Principles/Partners/Officers of your firm:								
Have you ever been refuse If yes, state the basis for ea	d membership in any of	her Association of	f REALTORS®?	Yes □ No				
Is the Office Address, as so If not, or if you have any b		dicate and give ad						
In what areas of real estate								
Do you hold, or have you of If so, where:								
Have you or your firm bee ☐ Yes ☐ No If yes, provide details:	n found in violation of	state real estate lice	ensing regulations with	in the last there ye				
Have you or your firm bee jurisdiction of a felony or of the second of t	other crime? Yes	\square No			•			
I hereby certify that the for accurate information as recagree that, if accepted for a Payments to the Maine As deductible as an ordinary a	quested, or any misstate membership in the Asso sociation of REALTOR	nished by me is trument of fact, shall ciation, I shall pay S® are not deduct	be grounds for revocat the fees and dues as frible as charitable contri	ree that failure to prion of my member	rship if granted. I further stablished. NOTE:			
By signing below I consent may contact me at the spec This consent applies to cha federal laws may place lim	cified address, telephone anges in contact information	e numbers, fax nur ntion provided by 1	nbers, email address or me in the future. This c	other means of co consent recognizes	ommunication available. It that certain state and			
Date:	Signature:			Amoun	t: \$			
Payment Type: Compa	ny Check/Credit Card	☐ Personal Chec	ck/Credit Card					
Credit Card #:			Exp	. Date:	Code:			

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