



e-mail to: millie@nocbor.com

MEMBERSHIP APPLICATION

North Oakland County Board of Realtors®
4400 West Walton, Waterford, MI 48329
Phone 248-674-4080 – Fax 248-674-8112
www.nocbor.com

I, Mr. Mrs. Ms. _____ hereby apply for Membership in the North Oakland County Board of Realtors®. In the event that I am not accepted into membership, a refund of all monies paid will be returned to me. In the event my application is approved, 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. 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 professional development, not completed within time frame established in the board's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the Board's bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if 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®.

Name as shown on license (please PRINT) _____

License Number: _____ E-Mail: _____

Office Name: _____ Office License Number: _____

Office Address: _____ City: _____ St: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Residential Address: _____ City: _____ St: _____ Zip: _____

Cell Phone: _____ Date of Birth: _____

MLS Choice: MiRealsource Realcomp

PLEASE NOTE: DUES ARE NOT REFUNDABLE

NEW Licensees making application must complete and submit this form to NOCBOR, along with the appropriate Board dues (see below) and an application fee of \$160.00. Individuals transferring from another association are not responsible for the New Member application fee.

Secondary Realtors® are responsible for State and National Dues through another Board/Association. For Secondary Membership, please send this application form along with prorated local Board dues (See below).

<u>If agent added to firm:</u>	<u>Broker/Agent/Appraiser Dues</u>	<u>Secondary Dues</u>
January 1 – March 31, 2023	\$528.00	\$95.00
April 1 – June 30, 2023	429.75	71.25
July 1 – September 30, 2023	330.50	47.50
October 1 – December 31, 2023	231.75	23.75

By signing below I consent that the Realtor® Associations (local, state, national) and their subsidiaries, (e.g., MLS) 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,

Signed: _____ Date: _____

Add 2% processing fee to all credit card payments. Checks returned for account closed or NSF will be assessed a \$25 fee.

All Major Credit Cards accepted # _____

Expiration Date: _____ Billing Zip Code: _____ 3 digit security code: _____ 4 digit security code of Am Ex: _____