PRIMARY BOARD TRANSFER- MEMBERSHIP APPLICATION

*THIS FORM IS STRICTLY FOR AGENTS WHO ARE <u>CURRETLY ACTIVE WITH ANOTHER BOARD</u> & WISH TO TRANSFER THEIR <u>PRIMARY MEMBERSHIP</u> TO NOCBOR.

> 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):	<u> </u>			
License Number:	Date of Birth:				
Home Address:		City:	State:	Zip:	
E-mail Address:					
Cell Phone:	Current Primary Board:				
Office Name:	Office License Number:				
Office Address:			City:		
State:	Zip:	Office Phone:			
MLS Choice: Realco	omp MiRealSour	rce PL	EASE NOTE DUES ARE NOT R	EFUNDABLE	
2024 ANNUAL DUE	S RENEWAL FEI	<u>E:</u>			
You will receive th	e 2024 dues rene	ewal invoice via ei	mail in November		
NAR:	\$201	\$201 *NOCBO		OR does NOT offer monthly	
Michigan Realtors®	9: \$229		payment plans. We invoice		
NOCBOR:	<u>\$110</u>		annually on a calendar year. *		
TOTAL AMOUNT D	UE: \$540				
		OUE DATE: December			
NOCBOR Bylaws allow	w members a 30-day		December 31, meaning the de	eadline for payment is:	
		January 31, 202	<i>'</i> 4.		

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,