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.
PLEASE ALLOW UP TO 3 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED.

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 | | | nip in the North Oakland County Board of |
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| Realtors®. In the event that I am not accepted into membership, a refund of by the Code of Ethics of the National Association of Realtors®, which inclunamed Board, the State Association and the National Association, and if re examination on such Code, Constitutions, Bylaws and rules and Regulation Membership is final only upon approval by the Board of Directors and may within the time frame established in the board's bylaws. I understand that I a continued condition of membership. | des the duty to arbitrate, and the Constitu quired, I further agree to satisfactorily cons. I understand membership brings certa be revoked should completion of requirer | ition Bylaws and mplete a reason in privileges and nents, such as p | d Rules and Regulations of the above lable and non-discriminatory written d obligations that require compliance. professional development, not completed |
| NOTE: Applicant acknowledges that if accepted as a Member and he/she su terminate with an ethics complaint pending, the Board of Directors may con ethics proceeding and will abide by the decision of the hearing panel. If approximates in effect even after membership lapses or is terminated, provided | dition renewal of membership upon application resigns or otherwise causes membership | cant's certification | on that he/she will submit to the pending |
| NAME *as shown on license (Please PRINT): | | | |
| Real Estate 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: | Office City: | | |
| Office State: Office Zip: | Office Phone: | | |
| MLS Choice: Realcomp MiRealSource | 2024 ANNUAL DUES REN NAR: | EWAL FEE: | *DUE UPON APPLICATION \$201 |
| PLEASE NOTE DUES ARE NOT REFUNDABLE | Michigan Realtors®: | | \$229 |
| *NOCBOR does NOT offer monthly payment plans. We invoice annually on a calendar year. * | NOCBOR: TOTAL DUE UPON APPLI | CATION: | \$110 \$540 |
| *There is a 2% processing fee for debit/credit card transaction \$550.60). To avoid the 2% processing fee that is applied to all debit Walton Blvd. Waterford, MI, 48329. Checks returned for account By signing below, I consent that the Realtor® Associations (local, state, national) numbers, email address or other means of communication available. This consent recognizes that certain state and federal laws may place limits on consent recognizes that certain state and federal laws may place limits on consent recognizes. | pit/credit card payments, you may send closed or NSF will be assessed a \$25 and their subsidiaries, (e.g., MLS) may contact t applies to changes in contact information tha | d a check or m fee. ct me at the speci t may be provided | oney order to NOCBOR, 4400 W. fied address, telephone numbers, fax I by me to the Association(s) in the future. |
| Signed: | Date: | | |
| Card #: | | | |
| Expiration Date: 3 digit sec. code: 4 di | | _ Billing Zip (| Code: |

BY CHECKING THIS BOX, YOU ARE AGREEING THAT NOCBOR CAN TRANSFER YOUR PRIMARY MEMBERSHIP FROM YOUR CURRENT PRIMARY BOARD. YOU ARE GIVING NOCBOR CONSENT TO PROCESS THE CARD PROVIDED ON THIS APPLICATION IN THE AMOUNT OF \$550.80 FOR THE 2024 DUES RENEWAL. APPLICATIONS SUBMITTED WITHOUT PAYMENT WILL NOT BE PROCESSED OR KEPT ON FILE.