hereby apply for Membership in the North Oakland County Board

SECONDARY MEMBERSHIP APPLICATION

*THIS FORM IS STRICTLY FOR AGENTS WHO ARE <u>CURRETLY ACTIVE WITH ANOTHER BOARD</u> & WISH TO KEEP THEIR PRIMARY MEMBERSHIP WITH THEIR CURRENT BOARD AND ADD NOCBOR AS A SECONDARY BOARD.

*PLEASE ALLOW 72 HOURS FOR YOUR APPLICATION TO BE PROCESSED

North Oakland County Board of Realtors®

4400 West Walton Blvd, Waterford, MI 48329 Phone 248-674-4080 – Fax 248-674-8112

www.nocbor.com

I. Mr. Mrs. Ms.

of Realtors®. In the event that I am not accepted I agree to abide by the Code of Ethics of the Nat and Regulations of the above named Board, the reasonable and non-discriminatory written examicertain privileges and obligations that require co completion of requirements, such as professional be required to complete periodic Code of Ethics to	ional Association of Realtors®, State Association and the Nati ination on such Code, Constitu mpliance. Membership is final development, not completed w	which includes the duty to arbitrate onal Association, and if required, I utions, Bylaws and rules and Regulonly upon approval by the Board of ithin the time frame established in the	e, and the Constitution Bylaws and Rules further agree to satisfactorily complete a lations. I understand membership brings of Directors and may be revoked should ne board's bylaws. I understand that I will
NOTE: Applicant acknowledges that if accepted a with an ethics complaint pending, the Board of E pending ethics proceeding and will abide by the c submit to arbitration continues in effect even after	Directors may condition renewallecision of the hearing panel. If	il of membership upon applicant's of applicant resigns or otherwise caus	certification that he/she will submit to the ses membership to terminate, the duty to
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 Pho	one:	
MLS Choice: Realcomp MiRea	alSource F	PLEASE NOTE DUES ARE NOT	REFUNDABLE
PAYMENT FOR THE 2026 SECONDARY D	UES IS DUE UPON APPLIC	ATION.	
Secondary Dues - \$95 annually.			
BY CHECKING THIS BOX, YOU ARE A ADDING NOCBOR AS A SECONDARY IN THE AMOUNT OF \$96.90 FOR THE KEPT ON FILE.	. YOU ARE GIVING NOCBOR C	CONSENT TO PROCESS THE CARD	PROVIDED ON THIS APPLICATION
*There is a 2% processing fee for debit/credit control send a check or money order to NOCBOR, 4400 V fee.			
By signing below, I consent that the Realtor® Association fax numbers, email address or other means of community in the future. This consent recognizes that certain statements membership.	cation available. This consent appli	ies to changes in contact information tha	at may be provided by me to the Association(s)
Signed:			Date:
Card #:			
Expiration Date: 3 digit s			ling Zip Code: