e-mail to: membership@nocbor.com

PRIMARY BOARD TRANSFER - MEMBERSHIP APPLICATION

THIS FORM IS STRICTLY FOR AGENTS WHO ARE CURRENTLY ACTIVE WITH ANOTHER BOARD & WISH TO TRANSFER THEIR PRIMARY MEMBERSHIP TO NOCBOR.
PLEASE ALLOW UP TO 3 BUSINESS DAYS 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. _____ 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 the 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):** _____

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

PLEASE NOTE DUES ARE NOT REFUNDABLE

If you are in good standing and paid your 2027 National & State Dues to another board/association, please submit a letter of good standing from your current board stating the 2027 dues have been paid in full. Please send the letter with your application and you will receive a link to pay the NOCBOR 2027 local dues.

The 2027 Dues Renewal is DUE UPON APPLICATION

NOCBOR does NOT offer monthly payment plans. We invoice annually on a calendar year.

NAR: $201
MR: $229
NOCBOR: $110
Total: $540

After you submit your application, you will receive a payment link via email. Once your payment is received, your application will be processed at the board level and forwarded to the MLS of your choice. If you submit your application after business hours, you will receive the payment link the next business day.

****There is a 3% convenience fee for debit/credit card transactions**. *To avoid the 3% convenience fee that is applied to all debit/credit card payments, you may send a check or money order to NOCBOR, 4400 W. Walton Blvd. Waterford, MI, 48329. Checks returned for account closed or NSF will be assessed a $25 fee.*

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: _____