e-mail to: membership@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 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

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 *$100.00.* Individuals transferring from another association are not responsible for the New Member application fee.**

NOCBOR invoices annually on a calendar year. You will receive you annual dues renewal invoice via email prior to November 15.

If agent added to firm:	Broker/Agent/Appraiser Dues
January 1 – March 31	$570.00
April 1 – June 30	460.75
July 1 – September 30	351.50
October 1 – December 31	242.25

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 send your application after business hours, you will receive the payment link the next business day.

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 3% convenience fee to all credit card payments. Checks returned for account closed or NSF will be assessed a $25 fee.