



Secondary REALTOR® MEMBERSHIP APPLICATION

To the Heartland REALTOR® Organization, I hereby apply for REALTOR® Membership in the Association and am enclosing my check in the amount of _____ for Secondary REALTOR® Membership fees payable to the Heartland REALTOR® Organization. In the event of my election, 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 Heartland REALTOR® Organization, 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 orientation, not be completed within the timeframe established in the Association's bylaws (**90 days from date of application**). I understand that I will be required to complete periodic Code of Ethics training as specified in the Association's Bylaws as a continued condition of membership.

***NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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®.*

I hereby submit the following information for your consideration:

Name: _____ Real Estate License: # _____

Residence Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Licensed/certified appraiser: ___ Yes ___ No Appraisal License #: _____

Office Name: _____ Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Phone # to appear in MLS: _____

Preferred Mailing: Home ___ Office ___ (List the location you would like all your mailings sent to, e.g: MLS/Association bills, NAR/IR Publications)

Are you presently a member of any other Association of REALTORS®? ___ Yes ___ No If yes, name of Association and type of membership held: _____ Number of years engaged in the real estate business: _____

Have you previously held membership in any other Association of REALTORS®? ___ Yes ___ No
If yes, name of Association and type of membership held: _____

How long with current real estate firm? _____ Previous real estate firm (if applicable): _____
Specialty: ___ Residential ___ Commercial ___ Resort ___ International ___ Other: _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? ___ Yes ___ No (If yes, provide details as an attachment.) Are there pending ethics complaints against you? ___ Yes ___ No (If yes, provide details as an attachment.) Do you have any unsatisfied discipline pending? ___ Yes ___ No (If yes, provide details as an attachment.) Are you a party to pending arbitration request? ___ Yes ___ No (If yes, provide details as an attachment.) Do you have any unpaid arbitration awards or unpaid financial obligations to another Association of REALTORS® or an Association MLS? ___ Yes ___ No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____ and last date (year) of completion of NAR's Code of Ethics training requirement: _____

Are you a principal, partner, corporate officer or branch office manager? ___ Yes ___ No
If yes, you must also complete 2nd page of this application.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Heartland REALTOR® Organization are not deductible as charitable contributions. Such payment's may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) 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.

Dated: _____ Signature: _____

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information: ____ Sole Proprietor ____ Partnership ____ Corporation ____ LLC (Limited Liability Company)

Your position: ____ Principal ____ Partner ____ Corporate Officer ____ Branch Office Manager

Names of other Partners/Officers of your firm: _____

Have you ever been refused membership in any other Association of REALTORS ®? ____ Yes ____ No

If yes, state the basis for each such refusal and detail the circumstances related thereto: _____

Is the Office Address, as stated, your principal place of business? ____ Yes ____ No

If not, or if you have any branch offices, please indicate and give address: _____

Do you hold, or have you ever held, a real estate license in any other state? ____ Yes ____ No

If so where: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details: _____

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details: _____

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Dated: _____ Signature: _____

PLEASE SUBMIT APPROPRIATE FEES WITH APPLICATION

Revised 08/17

<u>Month</u>	<u>Local Dues</u>
January	150.03
February	133.36
March	116.69
April	100.02
May	83.35
June	66.68
July	50.01
August	33.34
September	16.67
October	200.00
November	183.37
December	166.70