

**APPLICATION FOR REALTOR® MEMBERSHIP TO THE
ALTUS ASSOCIATION OF REALTORS®, INC.**

To the Altus Association of REALTORS®, Inc., I hereby apply for REALTOR® Membership in the above named Board and am enclosing my payment in the amount of \$ _____ for a one time application fee and \$ _____* for my 20__ Dues payable to Altus Association of REALTORS®, Inc. My 20__ dues will be returned to me in the event of non-election. **Application fee is nonrefundable.** 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 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 orientation, not be completed within time frame established in the association's bylaws. 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 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®.*

* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

First Name _____ Middle Name _____ Last Name _____
 Email Address _____
 Real Estate License #: _____
 Licensed/certified appraiser: Yes No Appraisal License # _____
 Office Name: _____
 Office Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____
 Home Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____ Cell Phone: _____
 Preferred Mailing: ___ Home ___ Office
 Preferred Publication: ___ Home ___ Office

Are you presently a member of any other Association of REALTORS®? Yes No
 If yes, name of Association and type of membership held: _____

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

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.)

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: _____.

(Optional Information): Date of Birth: _____
 Specialty: Residential Commercial Resort International Other: _____
 How long with current real estate firm? _____ Previous real estate firm (if applicable): _____
 Number of years engaged in the real estate business: _____

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Norman Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **NO REFUND OF LOCAL DUES.**

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: _____

NO REFUND OF LOCAL DUES

OFFICE USE ONLY:
 Date _____ Member ID _____ Password _____ Associate ID _____
 Dues: Local _____ State _____ National _____ Appl. _____ AMLS _____