



APPLICATION FOR CENTRAL IOWA MLS MEMBERSHIP

To the Central Iowa Board of REALTORS®, I hereby apply for REALTOR® Membership in the above-named MLS and am agreeing to \$ 50.00* per month for dues payable to Central Iowa MLS. My dues will be returned to me in the event of non-election. The application fee is \$200.00 and is nonrefundable. I will attend orientation within 30 days of the association’s confirmation of provisional membership. Failure to meet this requirement may result in having my membership terminated. 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 MLS, 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 that 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 time frame established in the CIBR’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/they 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/they will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If the 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 the applicant was a REALTOR®.

*Amount shown is prorated according to month joining.

I hereby submit the following information for your consideration:

CONTACT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Suffix (Jr, III, Sr, etc): _____ Nickname (DBA): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Email: _____ Secondary Email: _____

LICENSE INFORMATION

Real Estate License #: _____ Do you hold, or have you ever held, a real estate license

in another State? Yes No If Yes, where: _____

Licensed / Certified Appraiser: Yes No Appraisal License #: _____

COMPANY INFORMATION

Office Name: _____ Office Phone: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Company Type: Sole Proprietor Partnership Corporation LLC Other: _____

Your Position in the Company: Principal Partner Corporate Officer Majority Shareholder
 Branch Office Manager Non-principal Licensee Other: _____

Names of other Partners/Officers of your firm: _____

Is the office address provided above your principal place of business: Yes No

If not, or if you have a branch office, please provide that address: _____

City: _____ State: _____ Zip: _____

PREFERRED CONTACT / MAILING

Preferred Phone: Home Cell Office

Preferred Email: Primary Email Secondary Email

Preferred Mailing Address: Home Office Alternate: _____

APPLICANT INFORMATION

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held: _____

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

and the last date (year) of completion of NAR’s Code of Ethics training requirement: Date: _____

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.)

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

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

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? If yes, provide details: _____

Have you or your firm been convicted of a felony or other crime? If yes, provide details: _____

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 [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments 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.

Signature: _____ Date: _____

OPTIONAL INFORMATION

Date of Birth: _____

How long with current real estate firm? _____

Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____

Languages Spoken: _____

Field of Business (Specialties): _____

INFORMATION SUPPLIED BY LOCAL ASSOCIATION

Join Date: _____

Status: Active Provisional

Primary Local Assoc. NRDS ID: _____

Primary State Assoc. NRDS ID: _____

Office ID (if Broker): _____

Office Contact DR: _____

Office Contact Manager: _____

Number of Non-member Licensees: _____
