## AROOOSTOOK COUNCIL REALTOR® MEMBERSHIP APPLICATION - January

## YOUR PREFERRED E-MAIL ADDRESS:

To the Aroostook Council of the Maine Association of REALTORS®, I hereby apply for REALTOR® Membership in the Association and am providing my payment in the amount of \$50.00 for a one-time application fee and \$459.00 for my 2025 Dues to the Maine Association of REALTORS®. My 2025 dues will be returned to me in the event of non-election. Application fee is nonrefundable. I AGREE to complete a code of ethics class, fair housing class and review orientation materials within 180 days of Council'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®, and the Constitution, Bylaws and Rules and Regulations of the above named Council, 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 consent that the Council may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Council by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements not be completed within the times indicated in the Bylaws.

**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®.

The amount shown is prorated according to month joining. Includes \$25 voluntary\*\* MARPAC contribution that may be reduced from your total.

I hereby submit the following informa	tion for your consideration:			
Name (Licensed):		Real Estate L	Real Estate License #:	
Licensed/certified appraiser:  \( \text{Yes} \) No			Appraisal License #:	
Primary Field of Business:				
Office Name:				
Office Address:				
Phone:	Fax:	Cell:		
Home Address:				
Phone:	Fax:	Cell:		
Preferred Mailing Address: Optional Information: Date of	Office Home f Birth:	Cell:Offic	e Home Cell	
there any complaints pending? □ If you are now or have ever been a completion of NAR's Code of Eth <b>Are you a principal, partner,</b> I hereby certify that the foregoing information as requested, or any n for membership in the Council, I s REALTORS® are not deductible	Yes □ No. If yes, provide deta a REALTOR®, indicate your Notices training requirement:  corporate officer or brance information furnished by me is misstatement of fact, shall be growth all pay the fees and dues as frow as charitable contributions. Such t I fail to maintain eligibility for	ails in an attachment.  AR Membership (NRDS) #:  h manager? If yes, you m  true and correct, and I agree that failur unds for revocation of my membership m time to time established. NOTE: I h payments may, however, be deductible	re to provide complete and accurate o if granted. I further agree that, if accepted	
By signing below, I consent that R the specified address, telephone m	REALTOR® Associations (local umbers, fax numbers, email addi ne in the future. This consent re-	ress or other means of communication cognizes that certain state and federal	(e.g., MLS, Foundation) may contact me at available. This consent applies to changes in laws may place limitations on	
Date:	Signature:		Amount: \$	
Payment Type: ☐ Company				
Credit Card #:			Date: Code:	

\*\*Contributions to RPAC are not deductible for federal income tax purposes. Contributions are voluntary and are used for political purposes. The amounts indicated are merely guidelines and you may contribute more or less than the suggested amounts. The National Association of REALTORS® and its state and local associations will not favor or disadvantage any member because of the amount contributed or decision not to contribute. You may refuse to contribute without reprisal. 70% of each contribution is used by the Maine Association of REALTORS® PAC to support state and local political candidates; 30% is sent to National RPAC to support federal candidates and is charged against your limits under 52 U.S.C. 30116. After reaching its NAR RPAC goal, the Maine Association of REALTORS® PAC may retain your entire contribution for use in supporting state and local candidates. NOT PAID FOR OR AUTHORIZED BY ANY CANDIDATE. Paid for by the Maine Association of REALTORS® PAC, 19 Community Drive, Augusta, Maine 04330.

Aroostook Council of the Maine Association of REALTORS®, 19 Community Drive, Augusta, ME 04330 Phone: (207) 622-7501 | Email Application w/Payment Information to Bonnie@mainerealtors.com for Processing.

## IF YOU ARE A DESIGNATED BROKER/BRANCH MANAGER, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION. \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC (Limited Liability Corp.) Company information: Principal \_\_\_\_ Partner \_\_\_ Corporate Officer Branch Office Manager Your position: Names of other Principles/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? $\Box$ Yes $\Box$ No If not, or if you have any branch offices, please indicate and give address: In what areas of real estate do you specialize? 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? □ Yes 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? $\square$ Yes $\square$ No 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 Council, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Maine Association 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 (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 provided by me in the future. This consent recognizes that certain state and federal laws may place limitations on communications that I am waiving to receive all communications as part of my membership.

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Exp. Date: Code:

Date: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Payment Type: ☐ Company Check/Credit Card ☐ Personal Check/Credit Card

Credit Card #: