



## 2018 Application for Membership in the Butler County Association of Realtors®

500 North 12th Street, Lemoyne, PA 17043

Telephone 724-285-9070 Fax 717-561-8796 Email [exec@butlerparealtors.com](mailto:exec@butlerparealtors.com)

I hereby apply for REALTOR® (primary, secondary, or Designated) membership in the above named Board of Realtors®. I enclosed my payment in the amount of \$ \_\_\_\_\_. I understand my new member fee will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership, to complete the indoctrination course of the above named Board, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the *Code of Ethics and Arbitration Manual* of the Board and the constitution, bylaws, and rules and regulations of the above named Board and the State Association and the National Association. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, constitution, bylaws, rules and regulations, and duty to arbitrate, all are from time to time, amended. Finally, I consent and authorize the Board, through its membership committee or otherwise, to invite and receive information and comments about me from any member or other person. I agree that any information or comment furnished to the Board by any member or other person in response to any such 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.

**NOTE:** *Applicant acknowledges that the Board will maintain a membership file of information which may be shared with other boards or associations, where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Board.*

**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 the membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.*

I hereby submit the following information for your consideration:

To: **Butler County Association of Realtors®**

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Agent Name: \_\_\_\_\_  
(Full Name As It Appears On Your License)

Office Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Broker/Designated Realtor's Name: \_\_\_\_\_

**Preferred Address**

(Choose One)

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Office Street Address: \_\_\_\_\_ Office Mailing Address: \_\_\_\_\_

**Home Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Preferred Phone**

(Choose One)

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

**Preferred Fax**

(Choose One)

Office Fax: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_ Home Fax Number: \_\_\_\_\_

**Preferred Publication Address**

(Choose One)

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Office Street Address: \_\_\_\_\_ Office Mailing Address: \_\_\_\_\_

**Membership Type**

(Choose one)

Primary Membership: \_\_\_\_\_ Secondary Membership: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Zip Code: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

**Position with Firm**

(Choose One)

Principal: \_\_\_\_\_ Partner: \_\_\_\_\_ Corporate Officer: \_\_\_\_\_ Branch Manager: \_\_\_\_\_ Employee/Agent: \_\_\_\_\_  
Independent Contractor: \_\_\_\_\_ Other: \_\_\_\_\_

I agree that, if accepted for membership in the Board, I will pay the fees and dues as from time to time established.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** Dues payments to the Board are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. No refunds.

Are you a member of an institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS® ?

Circle one: YES NO

If YES, please indicate name of the affiliated institute, society, or council: \_\_\_\_\_

Please list any professional designations you hold: \_\_\_\_\_

**Note:** An applicant for Institute Affiliate Membership shall supply to the Membership committee evidence that applicant holds a professional designation awarded by a qualified institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS® that addresses a specialty area other than residential brokerage or who otherwise holds a class of membership in such institute, society or council that confers the right to vote or hold office and shall agree, if elected to membership, to abide by the constitution, bylaws and rules and regulations of the local board, the State Association, and the National Association.

Are you presently a member of any other Association of REALTORS®? Circle one: YES NO

If YES, name the Association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®? Circle one: YES NO

If YES, name the 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? Circle one: YES NO

If YES, provide details as an attachment.

If you are now or have you ever been a REALTOR®? If so, provide your NAR membership (NRDS) #: \_\_\_\_\_

Have you been a user or subscriber in a multiple listing service which is owned and operated by a board or association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years?

Circle one: YES NO

If YES, list the name of each MLS and the approximate dates of participation: \_\_\_\_\_

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, may be grounds for revocation of my membership, if granted.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

INCOMPLETE APPLICATION WILL BE NOT ACCEPTED. PLEASE MAKE SURE YOU HAVE COMPLETED **ALL** ABOVE FIELDS.

**Optional Information**

(Choose One)

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Resort: \_\_\_\_\_ International: \_\_\_\_\_ Other: \_\_\_\_\_

How long have you been with your current real estate firm? \_\_\_\_\_

How long have you been with a previous real estate firm? (If applicable): \_\_\_\_\_

How many years total have you been in the real estate business? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**ONLY COMPLETE IF YOU ARE:  
A PRINCIPAL, PARTNER, CORPORATE OFFICER OR BRANCH OFFICE MANAGER APPLYING FOR  
MEMBERSHIP**

Otherwise, please leave blank

**Company Information:**

(Choose One)

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ LLC (Limited Liability Company): \_\_\_\_\_

**Your Position:**

(Choose One)

Principal: \_\_\_\_\_ Partner: \_\_\_\_\_ Corporate Officer: \_\_\_\_\_ Branch Office Manager: \_\_\_\_\_

Name other Partners and/or Officers in your firm: \_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? Circle one: YES NO

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

\_\_\_\_\_

Is the Office Address, as previously stated, your principal place of business? Circle one: YES NO

If NO, please indicate and give the address: \_\_\_\_\_

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. Circle one: YES 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 Board, I shall pay the fees and dues that are from time to time, established.

**NOTE:** Payments to the Butler County 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, 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, which I am waiving to receive all communications as part of my membership.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_