



APPLICATION FOR REALTOR® MEMBERSHIP TO THE
NORMAN BOARD OF REALTORS®

To the Norman Board of REALTORS®, 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 Norman Board of REALTORS®.

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.

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

First Name _____ Middle Name _____ Last Name _____ Suffix (Jr., III, Sr., etc) _____
Nickname (DBA) _____ Email Address _____
Real Estate License #: _____
Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____
Office Name: _____
Office Address: _____ City _____ State _____ Zip _____
Office Phone: _____ Office Fax: _____
Residence Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Personal Fax: _____ Cell Phone: _____
Preferred Mailing: [] Home [] Office Street [] Office Mail Alternate [] Member Mail Alternate
Preferred Publication: [] Home [] Office Street [] Office Mail Alternate [] Member Mail Alternate
Preferred Phone: [] Home [] Office [] Cell Initial Password for Association Site: _____

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: _____.

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 _____ State New Member _____ National _____ Appl. _____ AMLS _____

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: _____
Field of Business (Specialties): _____
Languages Spoken: _____

Information to be supplied by Local Association:

Join Date _____
Status: Active, Provisional
Primary Local Association NRDS ID _____
Primary State Association NRDS ID _____
Office ID _____ (if Broker)
Office Contact DR _____
Office Contact Manager _____
Number of Non-Member Licensees _____

05/2011