



WESTERN MAGIC VALLEY REALTORS®

NEW MEMBER APPLICATION

NAME _____

REAL ESTATE LICENSE #: _____ BIRTHDAY: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

MEMBERSHIP TYPE (CIRCLE ONE) PRIMARY / SECONDARY

OFFICE NAME _____

EMAIL: _____

SEND THE REALTOR MAGAZINE TO MY: OFFICE _____ HOME _____

PLEASE EMAIL US A CURRENT HIGH RESOLUTION HEADSHOT WE CAN USE FOR POSTS

I HEREBY APPLY FOR MEMBERSHIP IN THE WESTERN MAGIC VALLEY REALTORS®. I AGREE TO ABIDE BY THE CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF REALTORS® AND THE CONSTITUTION, BYLAWS, AND RULES AND REGULATIONS. I CONSENT THAT THE ASSOCIATION, THROUGH IT'S MEMBERSHIP COMMITTEE OR OTHERWISE, MAY INVITE AND RECEIVE INFORMATION AND COMMENTS ABOUT ME FROM ANY MEMBER OR OTHER PERSON, AND I FURTHER AGREE THAT ANY INFORMATION AND COMMENT FURNISHED TO THE ASSOCIATION, 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, OF DEFAMATION OF CHARACTER.

I FURTHER AGREE TO ATTEND AN ORIENTATION COURSE SPONSORED BY THE WESTERN MAGIC VALLEY REALTORS® WHICH WILL COVER THE RESPONSIBILITY I HAVE IN REGARDS TO UP-HOLDING THE CODE OF ETHICS AS A REALTOR®.

I HEREBY SUBMIT THIS INFORMATION FOR YOUR CONSIDERATION.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY:

NRDS #: _____ TEXT _____ TRANS SPREADSHEET _____ ORIENTATION CAL _____

NRDS _____ IMLS _____ FB _____ SctC _____ ACCESS _____ QB _____ EMAIL: FD _____ GE _____ AE _____ PYMT _____

CURRENTLY LICENSED WITH:

OFFICE: _____

PRIMARY FIELD OF BUSINESS: (CIRCLE ONE OR SPECIFY) OTHER _____

GENERAL RESIDENTIAL SALES

FARM AND RANCH

CONDOMINIUMS

GENERAL COMMERCIAL SALES/LEASE

COMMERCIAL LAND SALES/LEASING

PERSONAL ASSISTANT (LICENSED)

OFFICE ADMINISTRATIVE SUPPORT STAFF (LICENSED)

- HAVE YOU EVER BEEN REFUSED MEMBERSHIP IN ANY OTHER REAL ESTATE BOARD? _____
- IF 'YES', STATE BASIS FOR EACH SUCH REFUSAL AND DETAIL THE CIRCUMSTANCES RELATED THERETO: _____

- HAVE YOU PARTICIPATED IN A MULTIPLE LISTING SERVICE? _____

•IF 'YES', WHERE? _____

•DO YOU HOLD, OR HAVE YOU EVER HELD A REAL ESTATE LICENSE IN ANY OTHER STATE? Y/N

IF 'YES', PLEASE SPECIFY _____

•HAS YOUR REAL ESTATE LICENSE, IN THIS OR ANY OTHER STATE BEEN SUSPENDED OR REVOKED? _____

•IF 'YES', SPECIFY THE PLACE(S) AND STATE(S) OF SUCH ACTION, AND DETAIL THE CIRCUMSTANCES THERETO.

•IS THERE NOW, OR HAS THERE BEEN WITHIN THE PAST FIVE YEARS, ANY COMPLAINTS AGAINST YOU OR THE FIRM WITH WHICH YOU HAVE BEEN ASSOCIATED WITH BY ANY STATE, REAL ESTATE REGULATORY AGENCY OR ANY OTHER AGENCY OR GOVERNMENT? IF 'YES', PLEASE SPECIFY THE SUBSTANCE OF EACH COMPLAINT IN EACH STATE, THE AGENCY BEFORE WHICH COMPLAINT WAS MADE AND THE CURRENT STATUS OR RESOLUTION OF SUCH COMPLAINT.

I HERBY 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 GROUND FOR REVOCATION OF MY MEMBERSHIP IF GRANTED.

SIGNED _____ DATED _____