

# DOWN RIVER ASSOCIATION OF REALTORS®

2674 W. JEFFERSON, SUITE 101

TRENTON, MICHIGAN 48183

Telephone: (734) 287-8060 Fax: (734) 301-2965

Website: [www.drar.com](http://www.drar.com)

**APPLICATION FEE: \$100**

## APPRAISER APPLICATION MEMBERSHIP

This application is for:  MLS Membership \*OR\*  Association Membership \*OR\*  
 MLS & Association Membership (please indicate type of membership)

TO: THE DOWN RIVER ASSOCIATION OF REALTORS® I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of **\$100.00** for a one-time application fee. My application fee will be returned to me in the event of non-election. 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 MLS Rules and Regulations of the above named Association, 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 MLS Rules and Regulations. I understand 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 timeframe established in the association'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 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®.

NAME AS SHOWN ON LICENSE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REAL ESTATE LICENSE NUMBER: \_\_\_\_\_ LAST 4 DIGITS SS# \_\_\_\_\_

LICENSED/CERTIFIED APPRAISER: Yes \_\_\_ No \_\_\_ APPRAISAL LICENSE: \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

OFFICE PHONE NUMBER: ( ) \_\_\_\_\_ OFFICE WEBSITE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_

RESIDENCE PHONE NUMBER: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NUMBER TO APPEAR IN ROSTER AND ON LISTINGS: ( ) \_\_\_\_\_

**(CONTINUED ON BACK)**

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: \_\_\_\_\_

If yes, are you applying for Secondary Association in DRAR? YES \_\_\_ NO \_\_\_

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.)

**NEW LICENSEE'S SKIP THE NEXT TWO (2) QUESTIONS**

**IF KNOWN:**

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

**IF KNOWN:**

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 Association, I shall pay the fees and dues as from time to time established.

**NOTE:** Payments to the Down River 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 that I am waiving to receive all communications as part of my membership.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ EMPLOYING BROKER'S SIGNATURE: \_\_\_\_\_

**PLEASE NOTE:** This application is valid for three (3) months. Orientation courses must be completed within that time or processing fee will be forfeited and applicant must reapply. MLS Login will be provided within 24 hours of receipt of application and is valid for 30 days. MLS Access will be terminated unless the MLS training course is completed within 30 days of application

**.....**  
**INCLUDE PAYMENT IN THE AMOUNT OF \$100 FOR YOUR PROCESSING FEE.**  
**PROCESSING FEE IS NON-REFUNDABLE.**  
**DUES WILL BE BILLED UPON RECEIPT OF APPLICATION.**

**ADMINISTRATIVE OFFICE USE ONLY**

- |  |                                   |                               |   |
|--|-----------------------------------|-------------------------------|---|
| Application Fee: _____                 | <input type="checkbox"/> Bulletin | <input type="checkbox"/> RAP  | <input type="checkbox"/> Constant Contact       |
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> MLS      | <input type="checkbox"/> User | <input type="checkbox"/> Sent Login Information |
| <input type="checkbox"/> Cash          | <input type="checkbox"/> DLEG     | <input type="checkbox"/> NRDS | <input type="checkbox"/> Billed & mailed        |
| <input type="checkbox"/> Credit Card   |                                   |                               |   |