



APPLICATION FOR REALTOR® MEMBERSHIP to SUSSEX COUNTY ASSOCIATION OF REALTORS®

Check the type of membership for which you are applying:

- REALTOR® Primary Membership (SCAOR is your primary REALTOR® membership)
REALTOR® Secondary Membership (You are a REALTOR® in another Association/Board)

To the Sussex County Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am including my payment in the amount of \$ _____, of which \$150.00 is a application fee. My application fee and dues 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 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 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: _____ DE Real Estate License #: _____
Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____ Date of Birth: _____
Office Name: _____
Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____
Residence Address: _____
Phone: _____ Fax: _____ Cell Phone: _____
Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office [] Cell

- 1. Are you going to be a full time RENTAL Agent, deriving no income from the sale or referral of real estate? [] Yes [] No
2. Are you subject to any unresolved charges relating to civil rights violations, consumer protection laws, the real estate license laws, or other violations of law? [] Yes [] No If yes, please attach and explanation.
3. Has your real estate license, in this or any other state, ever been suspended or revoked? [] Yes [] No If yes, please attach an explanation and specify the place(s) and date(s) of such action.
4. Has your membership in any other real estate board/Association been suspended or terminated within the last two years? [] Yes [] No If yes, please attach an explanation.
5. Have you taken a REALTOR® orientation course from any other board/Association in the past year? [] Yes [] No
6. Have you EVER been a member of another REALTOR® Board/Association? [] Yes [] No
7. If so, name of the REALTOR® Board/Association? _____
8. Are you CURRENTLY a member of another REALTOR® Board/Association? [] Yes [] No
9. Name of Primary Board/Association: _____

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 Sussex 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 that I am waiving to receive all communications as part of my membership.

Applicant's Signature _____ Date _____ Broker/Manager Signature _____ Date _____
02/09