



## MEMBERSHIP APPLICATION FORM

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<b>Office Use Only</b>	
PD	_____
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BOD	_____
O	_____
E	_____
BRE	_____
NRDS	_____
Updated 5/01/2008	

I hereby apply for REALTOR® Membership in the Superior Area Association of REALTORS® and enclose my check in the amount of \$\_\_\_\_\_, which I understand will be refunded (minus initiation fee) in the event I am not accepted to membership. I agree as a condition of membership 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 Association, the Bylaws of the Superior Area Association of REALTORS®, and the MLS Rules and Regulations. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Bylaws, Rules and Regulations, and duty to arbitrate, all as amended from time to time.

I understand that pursuant to the rules of the National Association of REALTORS® I am required to complete a minimum of 2.5 hours of instructional time on the NAR Code of Ethics within one year of the date of this application. I also understand that effective January 1, 2001, through December 31, 2004, and for successive four year periods thereafter, I shall be required to complete quadrennial ethics training of not less than 2.5 hours of instructional time. I understand that if I fail to satisfy these requirements my membership in the Association will be suspended until these requirements have been met.

Finally, I consent and authorize the Association to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any member or other person in response to 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. I consent and authorize the Association to transfer the information in my membership file to any other real estate association if I elect to hold primary membership elsewhere.

**NOTE:** Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

### I HEREBY SUBMIT THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION:

First Name: \_\_\_\_\_ M I: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name as you want it to appear: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Mailing Address (Please Check One): Home  Office

Cell Phone: \_\_\_\_\_ Direct Line/Pager: \_\_\_\_\_



**SAAR MEMBERSHIP APPLICATION**  
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E-Mail Address:

(You must provide an email address to receive the newsletter)

License Number:

(A copy of your license must be attached to this form upon submission)

Date Licensed with Present Firm:

**MLS Info:**

Username:

(4-9 characters; can be letters or numbers)

Primary Phone # (Choose One):

**Have you ever been a member of any REALTOR® Association?**

**YES**

**NO**

If Yes, which one?

NRDS #:

(Check with your previous Association if you don't know your number)

**Has your real estate license, in WI or another State, ever been suspended or revoked?**

**YES**

**NO**

If Yes, specify reasons:

**Are there now, or have there been within the past five years, any complaints against you before any State regulatory agency or any other agency of the government?**

**YES**

**NO**

If Yes, 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 (attach a separate sheet(s) as needed):

**Do you have any pending ethics complaints or arbitration requests against you**

**YES**

**NO**

If yes, specify state and local Association where the case is pending:

**DUES / FEES: The enclosed amount is based on the current dues and fees which are shown attached to this application. There will be no refund of dues or fees paid by the applicant once approved for membership. (Application fees are non-refundable).**

**APPLICANT:** I hereby certify that the information furnished by me is true and correct; I have read this application in its entirety and understand that to which I am applying.

Applicant's Signature:

Date:

**BROKER / MANAGER:** I hereby certify that this applicant is duly licensed with the above office. Attached you will find a copy of applicants current real estate license.

Broker / Manager Signature:

Date:

Mail application with proper amount of dues (including all initiation fees) to:

Superior Area Association of REALTORS®  
4031 Grand Avenue, Duluth, MN 55807  
Phone: (715) 392-7002 Fax (866) 392-7950

