



8025 Grand River, Brighton, MI 48114 Office 810.225.1100

LOCAL ~ KNOWLEDGEABLE ~ INVOLVED ~ SINCE 1954

Membership Application

I, _____, hereby apply for membership in the Livingston County Association of REALTORS®.

Membership Category

- Primary REALTOR® Appraiser Transfer
 Secondary REALTOR®

Annual Dues. Please contact the LCAR office for your prorated annual dues amount. _____

Dues amount shown is prorated according to month you are joining in. This amount does not include subscriber fees to MLS Realcomp II, Ltd.

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including the following:

1. I will take the NAR Code of Ethics training online within **60 days** of receipt of welcome letter. In addition, I will take the NAR Fair Housing simulation training - Fairhaven. Failure to meet the above requirements may result in having my membership terminated.
2. Membership in the Livingston County Association of REALTORS® necessarily means that I am also a member of the Michigan REALTORS®, and the National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the Michigan REALTORS® and the National Association. Further, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
3. I acknowledge that as a member of the Livingston County Association of REALTORS®, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Livingston County Association of REALTORS® for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® trademarks.
4. Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.

Note: The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.

Please complete the following information by printing legibly.

Contact Information NOTE: If any of your contact information changes it is your responsibility to contact LCAR.

Full name as it appears on your Real Estate license _____

Home Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Email _____

May LCAR, Michigan REALTORS® and NAR communicate with you via text message? Yes No

License Information NOTE: A copy of your Michigan Real Estate license or pocket card MUST be included with your application.

Broker or Salesperson's License number _____

State of Licensure _____

Appraisal License number _____

Have you ever held a Real Estate license in any other state? Yes No

Firm/Brokerage Information

Brokerage Name _____

Brokerage Address where you will have **your** office _____

Brokerage Phone _____

1. Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules? (*1) Yes No
2. Are you actively engaged in the real estate business? Yes No
3. Do you hold yourself out to the public as being actively engaged in the real estate business? Yes No
4. Has your real estate license in this or any other state been suspended or revoked? Yes No
(If yes, provide details)

5. Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association and type of membership held _____

6. Have you previously held membership in any other Association of REALTORS® Yes No

If yes, name of Association and type of membership held:

7. Have you ever been refused membership in any other Association of REALTORS®? Yes No

8. If you are now or have ever been a REALTOR®, indicate your NRDS number _____

and the last date (year) of completion of NAR's Code of Ethics training requirement: _____

9. 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? Yes No (If yes, provide details)

10. Are there pending ethics complaints against you? Yes No (If yes, provide details)

11. Do you have any unsatisfied discipline pending? (*2) Yes No (If yes, provide details)

12. Are you a party to pending arbitration request? Yes No (If yes, provide details)

13. Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an association MLS? Yes No (If yes, provide details)

14. Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? Yes No (If yes, provide details)

15. Do you have a criminal conviction(s) within the past seven (7) years? Yes No (If yes, provide details)

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 Livingston County Association of REALTORS®, I shall pay the fees and dues as from time to time established. NOTE: Payments to the 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 Signature

Date

Broker Signature (Required)

Date

Important: Please return completed application to Dee Roeske, Member Services at deer@lcar-mi.com. Application will be processed once payment is made in full to LCAR.

(*1) The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at www.nar.realtor.

(*2) Article IV, Section 2, of the NAR Bylaws prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

For LCAR use only

NRDS #:	Welcome Letter	Constant Contact	RC Access
QB	Roster	MAR and NAR	Change
Payment Date	Check	Credit Card	Amount Paid



CERTIFICATION OF USE

Pursuant to the Realcomp II Ltd., "Realcomp" Rules & Regulations, the undersigned,

_____, _____
Name License Number (6501,6502,6504,1201)

hereby executes this Certification, effective as of _____.
Date

I am associated with _____
Office Name

Office License Number (6503,6504,6505,1201)

and will use Realcomp's Multiple Listing Services (the "Services"). I understand that access or use of the Services (including but not limited to RCO3®, ShowingTime®, Remine and Transaction Desk®) is granted only to me and I will not share my login/password with anyone else. I understand that if I am found in violation of this Certification of Use, the Designated REALTOR® will be charged Multiple Listing Service fees for the full amount of the quarter for any non-subscribing agent using my login and may also be subject to additional penalties in accordance with the MLS Rules & Regulations.

I understand that I will be required to pay my Realcomp fees to be allowed continued access to the system and services and will submit all of my listings to be published in the MLS. I understand that I will be required to participate in a Realcomp MLS Basics for New Subscribers class or webinar to learn Realcomp's Rules and Regulations to which I must abide.

Date

Signature of Licensee affiliated with Broker Participating Office