



West Branch Valley Association of REALTORS®

APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® membership in the West Branch Valley Association of REALTORS®. I am enclosing my payment in the amount of \$_____. I agree to complete new member orientation online through learning library and new member Code of Ethics training through NAR within **1 month** of the Association confirming my membership. I will also attend one of the next 2 MLS training sessions held by WBVAR. Failure to meet this requirement may result in having my membership terminated. If elected to membership, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association. I also understand membership brings certain privileges and obligations that require compliance. Membership may be revoked should completion of any membership requirement(s), such as orientation, not be completed within the timeframe established by the association. I further 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®.

I hereby submit the following information for your consideration:

PERSONAL INFORMATION:					
First Name			Middle Name		
Last Name			Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:			State:		Zip:
Home Phone:			Cell Phone:		
E-mail Address:			Secondary E-mail:		
Real Estate License #					
Licensed/Certified Appraiser:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Appraisal License #		
Date of Birth:			Male/Female:		
Membership Type:	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> (Transferring or secondary applicants must include a Letter of Good Standing from their primary association)				

COMPANY INFORMATION:

Office Name:			
Office Address:			
Office Phone:			
Broker Name:			
Your primary field of Business:			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Property Management <input type="checkbox"/> Other			

APPLICANT INFORMATION:

Are you currently or have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of Association			
Type of membership held:			
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #			
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, where:	Address:		
	City:	State:	Zip:
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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the West Branch Valley 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.

Signature of Applicant:_____ Dated:_____

Broker Signature_____:

I hereby agree to supervise REALTORS applying for membership as her Pennsylvania Real Estate Law.

