



**Application for REALTOR® Membership: Designated Brokers/Branch Managers**

Company Information: ( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) LLC (Limited Liability Company)  
( ) Other, specify \_\_\_\_\_

Your position: ( ) Principal ( ) Partnership ( ) Corporation ( ) LLC (Limited Liability Company)

Names of other Partners/Officers of your firm:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? ( ) Yes ( ) No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:  
\_\_\_\_\_  
\_\_\_\_\_

Is the office address, as stated, your principal place of business? ( ) Yes ( ) No  
If not, or if you have any branch offices, please indicate and give address:  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? ( ) Yes ( ) No  
If so, where: \_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? ( ) Yes ( ) No  
If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. ( ) Yes ( ) No If yes, provides 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 Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Dearborn Area Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deducted as an ordinary and necessary business expense. **NO REFUNDS.**

By signing below, I consent that the REALTOR® Associations (local, state, and national) and their subsidiaries, if any (e.g. MLS, Foundations) 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: \_\_\_\_\_ Dated: \_\_\_\_\_