



CAPE COD & ISLANDS
ASSOCIATION OF REALTORS®, INC.

22 Mid Tech Drive, West Yarmouth, MA 02673
Voice: 508-957-4300 Fax: 508-771-0067

www.cciaor.com

Application for REALTOR® Principal Membership

To the Cape Cod & Islands Association of REALTORS®, Inc.: I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of **\$50 for a one time application fee**. My application fee 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 Board 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 understand that should I withdraw this application or fail to attend the New Member Orientation class after receiving the second notice; this application will be stamped CANCELLED. The Application fee will be kept by the Association as a service charge. I will be required to remit an additional \$50 if I should decide to reapply.

Signature of Applicant: _____

I hereby submit the following information for your consideration:

Name: _____

Real Estate License #: _____

Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Residence Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Cell Phone: _____ Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office

Are you presently a member of any other Association of REALTORS®? [] Yes [] No

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

Have you previously held membership in any other Association of REALTORS®? [] Yes [] No

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

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 or are there any such complaints pending? [] Yes [] No (If yes, provide details as an attachment.)

If you are now or have ever been a REALTOR[®], indicate your NAR membership (NRDS) #: _____
and last date (year) of completion of NAR's *Code of Ethics* training requirement: _____

Company information:

Sole Proprietor Partnership Corporation LLC(Limited Liability Company) Other, specify

Your position: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager

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? If yes,
provide details: _____

Have you or you 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. If yes, provide details: _____

By signing below 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 Cape Cod & Islands Association of REALTORS[®], Inc. 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 further 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.

Dated: _____ Signature: _____

Yes No I would like to take advantage of the "Office Visit" member benefit and request that a representative from the Membership Committee visit my office to provide information regarding member benefits and ensure compliance with posting of fair housing and real estate license(s).

Optional Information

Date of Birth: _____

Specialty: Residential Commercial Resort International Other: _____

How long with current real estate firm? _____ Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____



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APPLICATION PROCEDURE FOR REALTOR® PRINCIPAL

- Upon receipt of your completed application form and a copy of your current Massachusetts Broker's License, accompanied by payment of the \$50 application fee, the Membership Committee will process your application.
- Your name, as a new Principal applicant, will be published in the CC&IAOR newsletter.
- According to state regulations, a copy of your current Massachusetts Broker's License and the licenses of all agents affiliated with your firm must be displayed in your office.
- If you wish, you may take advantage of the "Office Visit" member benefit and request that a representative from the Membership Committee visit your office to provide information regarding member benefits and ensure compliance with posting of fair housing and real estate license(s) and to answer any membership questions you may have.
- You will be scheduled for a New Member Orientation Class and notified of this class at least two weeks in advance.
- After the publication period your application will be brought to the Membership Committee for recommendation of approval and then to the Board of Directors for final approval.
- If elected to membership, you will be notified of your acceptance and your membership will become effective upon payment of your dues. The annual dues are pro-rated on a monthly basis from the time of acceptance.
- When membership to the CC&IAOR has been approved, the Principal is then eligible to participate in the Cape Cod & Islands Multiple Listing Service, Inc.
- At the completion of the New Member Orientation you will be inducted into membership and receive your REALTOR® pin.

If you have any questions please contact the Membership Department at
508-957-4300 or 1-800-442-0006.