

## APPLICATION FOR REALTOR® MEMBERSHIP

TO: LOWER YAKIMA VALLEY ASSOCIATION OF REALTORS®

Applicant Name (Print)	Applicant Signature	Date
Annlicant Name (Print)	Annligant Signature	
(e.g., MLS, Foundation) may contact to other means of communication availal	me at the specified address, telephone ble. This consent applies to changes in the future. This consent recognize	s that certain state and federal laws may
<del>-</del>	er Yakima Valley Association of REA h payments may, however, be deduct NO REFUNDS.	
	vide complete and accurate information of my membership if granted. I further	on as requested, or any misstatement of er agree that, if accepted for membership
from the Association or other pending, the Board of Directo certification that he/she will s decision of the hearing panel. the duty to submit to arbitration	lges that if accepted as a member and wise causes membership to terminate ors may condition renewal of member ubmit to the pending ethics proceeding of applicant resigns or otherwise cay on continues in effect even after memute arose while applicant was a REA	e with an ethics complaint eship upon applicant's ing and will abide by the cuses membership to terminate, abership lapses or is
Membership is final only upon approve requirements, such as orientation, not understand that I will be required to complete bylaws as a continued condition of medians.	be completed within timeframe estab omplete periodic Code of Ethics train	blished in the association's bylaws. I
Association, the State Association and	nd the Constitution, Bylaws and Rule I the National Association, and if requinatory written examination on such	es and Regulations of the above named uired, I further agree to satisfactorily a Code, Constitutions, Bylaws and Rules
	ant is prorated according to month of t LYVAR for the correct amount at the	
in the amount of \$	* for my Dues 1	local Association and am enclosing funds payable to LOWER YAKIMA VALLEY I year* will be returned to me in the even

Date:

APPLICANT NAME:	DATE:
I hereby submit the following information for your consideration as part of	f my membership application:
Name:	-
Real Estate License #:	(Please attach a readable copy of current
licenses to this application – If a recent transfer or new agent, a copy o	f final license is required within 45 days)
Licensed/certified appraiser: [ $\square$ ] Yes [ $\square$ ] No Appraisal License #:	(attach copy)
Office Name:	
Office Address:	
Phone: Fax: E-Mail: _	
Residence Address:	
Phone: Fax: E-Mail:	
Cell Phone: Date of Birth:	
Preferred Mailing: [ ] Home [ ] Office Preferred Phone: [ ] Ho	
Specialty: [ ] Residential [ ] Commercial [ ] Resort [ ] Inter	rnational [ ] Other:
How long with current real estate firm? Previous real estate firm	(if applicable):
Number of years engaged in the real estate business:	
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 REALT	ORS®? [ ] 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 membersh	ip duties in any Association of REALTORS® in the
past three (3) years or are there any such complaints pending? [	]] Yes [
(If yes, provide detai	ls as an attachment.)
If you are now or have ever been a REALTOR®, indicate your NAR members and the second	pership (NRDS) #:
What is the last date (year) of completion of NAR's Code of Ethics training	g requirement:
Are you a principal, partner, corporate officer or branch office manager? [  (If yes, you must also	☐ ] Yes [☐] No complete 3 <sup>rd</sup> page of this application)
I hereby certify that the information furnished by me on these attack correct, and I agree that failure to provide complete and accurate in fact, shall be grounds for revocation of my membership if granted.	
Applicant Signature	

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)  Your position: Principal Partner Corporate Officer 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 your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of comjurisdiction of a felony or other crime. If yes, provide details:	npetent
I hereby certify that the information furnished by me on these attached pages as part of this application is trucorrect, and I agree that failure to provide complete and accurate information as requested, or any misstateme fact, shall be grounds for revocation of my membership if granted.	
Applicant Signature Date	