

Akron Area Board of REALTORS®
 405 S. High Street • P.O. Box 1663
 Akron, Ohio 44309-1663
 TEL: (330) 434-6677
 FAX: (330) 434-4641
 Board E-Mail: info@aabor.com



FOR ASSOCIATION USE ONLY

Date: _____
Rec'd by: _____
NRDS ID # _____

**APPLICATION FOR BROKER MEMBERSHIP
 AKRON AREA BOARD OF REALTORS®**

Name _____ Date of Birth _____
 Printed on license (Last) (First) (Middle)

Do you prefer to go by another name/nickname please specify: _____

Residence Address _____
 (Street) (City) (State) (Zip)

Phone # _____ Voicemail # _____

Other Phone # _____ E-mail Address: _____

Company Name _____ Bus. Phone & Ext. _____

Business Address _____

File number on license: _____ Issuance date of license: _____

May we communicate with you via phone, e-mail, fax and/or by mail: Yes No

Have you ever been a member of another REALTOR Board? Yes No

If yes what Board and when were you a dues paying member? _____

Do you currently hold any special designations? Yes No If yes what: _____

Are you a current member of another REALTOR Board? Yes No

If yes, where _____

Do you have any disabilities which require special accommodation, including the provision of auxiliary aids and services?
 If so, please identify: _____

I hereby make application for primary membership in the Akron Area Board of REALTORS®. Yes No
 As a member of the Akron Area Board of REALTORS®, I would be willing to serve on a committee. Yes No
 I hereby make application for membership in CRIS (Centralized Real Estate Information Services) MLS. Yes No
 If not joining CRIS, please indicate the MLS you will be joining: _____
 If you are not joining CRIS, a letter of good standing must accompany this membership application.

NAME & ADDRESS	MAJOR	HIGHEST GRADE COMPLETED
High School _____		
College _____		
Other _____		

Supplemental Information to Accompany Application For Membership

Has a complaint ever been filed against you with the Ohio Real Estate Commission? Yes No

If answer is yes, state nature, date when and name of person or persons, if more than one complaint, who filed it (them) if known: _____

Have you ever been denied membership in any trade or service organization to which you may have applied or been proposed for membership? Yes No If yes explain: _____

Has any other complaint ever been filed against you with the Akron Better Business Bureau and/or other comparable organization in your area? Yes No

If answer is yes, state nature, date and person or persons, if more than one complaint who filed it (them) if known: _____

Have you ever been a plaintiff /defendant in a Court proceedings, civil or criminal, other than non-felonious traffic offenses?

Yes No

If answer is yes, state approximate date, nature of action, name and location of Court having jurisdiction of case and disposition thereof as to each proceeding: _____

Please read the following information and sign below:

1. I understand that I must attend the CRIS orientation class and I must attend the mandatory board orientation designed to acquaint me with the Board, its services, the Code of Ethics of the National Association of REALTORS® and the duty as a REALTOR® to arbitrate, prior to my election to membership.
2. I further understand that I will receive copy of the NAR Code of Ethics and the AABOR and CRIS Constitution and Bylaws at the orientation class. I agree that my act of applying for membership shall evidence my commitment to abide by these documents and the duty to arbitrate business disputes in accordance with the Professional Standards Procedural Provisions Code of Ethics and Arbitration Manual and the Constitution and Bylaws of the Akron Area Board of REALTORS®.
3. Upon termination of my membership, I understand that I must **immediately** cease using the term "REALTOR®" and return to the Board all forms, emblems, documents and other items identified with the Akron Area Board of REALTORS®, the Ohio Association of REALTORS®, or the National Association of REALTORS®.
4. Dues payment includes \$7.50 for one-year subscription to REALTOR'S® INK. I understand these monies will be returned to me in the event I am not accepted for membership.
5. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, AABOR and CRIS, Bylaws, Rules and Regulations and duty to arbitrate, all as from time to time amended.
6. I further consent that and authorize the Board, through its Membership Committee or otherwise, to invite and receive information and comment about me from any member or other person: I agree that any information and comment furnished to the Board by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.
7. I further acknowledge that if accepted as a Member and I subsequently resign or am expelled from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon verification that I will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if I resign or am expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon my payment of the award, plus any costs that have previously been established as due and payable, in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

I hereby certify that the information furnished herein is true and correct to the best of my knowledge, 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 also certify that I have read the above information and understand that by signing this I am agree to adhere to it.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Payment Type For AABOR: Cash Check Visa/MasterCard

Payment Type For CRIS: Cash Check Visa/MasterCard

Visa/MasterCard # _____ **Expiration Date:** _____

Card Holder's name as it appears on the card: _____

Signature of Cardholder: _____ **Total Charge: \$** _____

*** TO BE COMPLETED BY THE AABOR MEMBERSHIP COMMITTEE ***

Upon proper investigation I hereby certify that the Membership Committee finds the applicant is entitled to Membership in this organization.

Date Approved _____
Chairman, Membership Committee