

Application for Membership in the Upper Peninsula Association of REALTORS®
326 N. Front Street, Marquette, MI 49855
Phone: 906-228-4870 or 800-666-4870 Fax: 906-228-4877
Email: upar@chartermi.net website: www.upar.org

To the Upper Peninsula Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of \$_____ * for my 2008 Dues payable to the Upper Peninsula Association of REALTORS®. My 2008 dues 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 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 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®.*

*Please see attached dues breakdown for prorated amount according to month joining.

I hereby submit the following information for your consideration:

Name: _____

Real Estate License #: _____

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

Date of Birth: _____

Social Security Number: _____

Office Name: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Residence Address: _____

Phone: _____ Fax: _____ Email: _____

Cell Phone: _____

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: _____

How long have you been active in the Real Estate business? _____

How long have you been with your current real estate firm? _____ Previous real estate firm
(if applicable): _____

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: _____.

Are you a principal partner, corporate officer or branch office manager? Yes No If yes, you must also complete 3rd page of this application.

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 Upper Peninsula 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.

Dated: _____ Signature: _____

Username for Paragon? _____ (up to 9 characters)

Password for Paragon? _____ (up to 8 characters)

How many books would you like to receive each month? ____1 ____0

Lock Box Key Pin Number (4 characters) _____

APPLICATION FOR MEMBERSHIP: PAGE 3 FOR DESIGNATED BROKERS/BRANCH MANAGERS

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 competent jurisdiction of a felony or other crime? 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 Association, I shall pay the fees and dues as from time to time established. **Note:** Payments to the Upper Peninsula Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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Dated: _____

Signature: _____

REALTOR® Association Marketing Consent Form

Name: _____
Address: _____

City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Email: _____

I understand that by providing above my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the Upper Peninsula Association of REALTORS®, Michigan Association of REALTORS® and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s).

Signature: _____
Date: _____

Please fill the above form out and either fax to the UPAR office 906-228-4877 or mail it to: UPAR, 326 N. Front Street, Marquette, MI 49855.