



Application for Membership in the Upper Peninsula REALTORS®

326 N. Front Street, Marquette, MI 49855

Phone: 906-228-4870 or 800-666-4870

Email: upar@upar.org website: www.upar.org

To the Upper Peninsula REALTORS®, I hereby apply for REALTOR® Membership in the above-named Association and am enclosing my check in the amount of \$ _____ * for my 2024 Dues payable to the Upper Peninsula REALTORS®.

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including the following:

- I will attend UPR® orientation within three (3) months of the Association confirming my membership. Failure to meet this requirement may result in having my membership suspended and/or terminated.
- I will complete the following online trainings within 30 days of the date of application: Paragon Training, Fairhaven: A Fair Housing Simulation, NAR Orientation. Failure to meet this requirement may result in having my membership suspended and/or terminated.
- Membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.

NOTE: *The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.*

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

CONTACT INFORMATION:										
First Name					Middle Name					
Last Name					Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.					
Nickname (DBA):										
Home Address:										
City:					State:				Zip:	
Home Phone:					Cell Phone:					
Fax:										
Primary E-mail:					Secondary E-mail:					
May the Association, as well as the State and the National Associations, communicate with you via text message?							<input type="checkbox"/> Yes <input type="checkbox"/> No			
LICENSE INFORMATION:										
Broker or Salesperson's License #										
State of Licensure:				Appraisal License #						
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If so, where:										

COMPANY INFORMATION:										
Office Name:										
Office Address:										
Office Phone:					Fax:					
Company Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify										
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder										
<input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other										
Names of other Partners/Officers of your firm:										
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If not, or if you have a branch office, please provide that address:										
Address:										
City:					State:				Zip:	

PREFERRED MAILING/CONTACT INFORMATION:					
Preferred Phone:		<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Cell	
Preferred E-mail:		<input type="checkbox"/> Primary E-mail	<input type="checkbox"/> Secondary E-mail		
Preferred Mailing:		<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Office Mail Alternate	<input type="checkbox"/> Member Mail Alternate
Mail Publications to:		<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Office Mail Alternate	<input type="checkbox"/> Member Mail Alternate
Office Mailing Alternate:					
Address:					
City:		State:		Zip:	
Member Mailing Alternate:					
Address:					
City:		State:		Zip:	

APPLICANT INFORMATION:	
Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
Type of membership held:	
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	
Type of membership held:	
Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? ² <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	

¹ The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: www.realtor.org/mmm.

² Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

If you are now or have been a REALTOR® member before, please provide the information below.	
Previous NAR membership (NRDS) #	
Last date (year) of completion of NAR's Code of Ethics training requirement:	
Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the basis for each such refusal and detail the circumstances related thereto:	
Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	
Do you have a record of criminal conviction(s) within the past seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details:	

Additional Optional Applicant Information to be completed and considered only if the Association has adopted Section 2(c) from Article V of the NAR Model Bylaws.	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
Are there pending ethics complaints against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
Do you have any unsatisfied discipline pending ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	

Are you a party to pending arbitration request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details.	

ADDITONAL INFORMATION	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Field of Business (Specialties)?	
Languages Spoken?	

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 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: _____

INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION

Join Date:			
Status:	<input type="checkbox"/> Active <input type="checkbox"/> Provisional		
Primary Local Association NRDS ID #			
Primary State Association NRDS ID #			
Office ID:			
(If broker)			
Office Contact (Designated REALTOR®)			
Office Contact Manager:			
Number of Non-Member Licensees:			