



APPLICATION FOR PRINCIPAL BROKER MEMBERSHIP

I hereby apply for PRINCIPAL BROKER Membership in the REALTORS® Association of Pioneer Valley.

Application Fees and Dues: Enclosed is payment in the amount of for my one time application and membership dues all fees payable directly to the REALTORS® Association of Pioneer Valley (RAPV).

Qualification for PRINCIPAL BROKER status: I will attend orientation within **6 months** of the Association, if I am a new member to RAPV, confirming my membership. Failure to meet this requirement may result in having my membership terminated. If elected to PRINCIPAL BROKER status, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I also 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 any membership requirement(s), such as orientation, not be completed within the timeframe established in the association's bylaws. I further 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®.

I hereby submit the following information for consideration of my application. (If additional detail is needed, please include separate documentation.)

PERSONAL 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:					

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:			
Broker or Salesperson's License #			
State of Licensure:	Appraisal License #		

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 (If applicable):

Address:				
City:		State:		Zip:

APPLICANT INFORMATION:

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:				
Please provide a letter of Good Standing from your current board				
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 ?¹ Yes No

If yes, provide details.

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:

If Yes, please provide a copy of completion certificate.

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:

Do you hold, or have you ever held, a real estate license in any other state? Yes No

If so, where:

Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? Yes No

If yes, provide details:

Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? Yes No

If yes, provide details:

¹ 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)

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. **PHOTO & VIDEO RELEASE:** I hereby waive and release the use of my photograph, video or likeness for any reason or purpose. If producing photo or video media, I agree this media may be used free of charge for any event promotional purposes and must be shared upon request.

Dated: _____ PRINCIPAL BROKER Signature: _____

METHOD OF PAYMENT Check (payable to RAPV) MasterCard Visa

Amount: \$ _____

Name on Card: _____

Account Number: _____ Exp.Date: _____ / _____ CVV: _____

Signature: _____

Mail Application/Payment to:

RAPV, ATTN: Membership Coordinator, 221 Industry Ave, Springfield, MA 01104

Fax Payment to:

Membership Department at 413-731-7125

OPTIONAL INFORMATION

Date of Birth:	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Other Fields of Interest or Expertise?	
Jobs held in the Past?	
Elected or appointed positions in local, state or federal government?	
Languages Spoken?	

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:	