



# NORTH SHORE REALTORS®

## APPLICATION FOR REALTOR® MEMBERSHIP

### SECTION I

I hereby apply for REALTOR® (Primary, Secondary) - membership in the above named Association, and enclosed my payment for non-refundable membership dues and application fee. In the event my application is approved, **I agree as a condition to membership to complete the indoctrination course of the above named Association**, as well as to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the “Code of Ethics and Arbitration Manual” of NATIONAL ASSOCIATION OF REALTORS® and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination, if any, covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate.

**NOTE:** Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in North Shore REALTORS® with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Applicant's name: As shown on license: *(please print)* \_\_\_\_\_

Name as I wish it to appear on roster, certificates, etc.: \_\_\_\_\_

Professional designations, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred mailing address:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	
Preferred communication by:	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax
Preferred phone:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Office

Real Estate License Number \_\_\_\_\_ Expiration date \_\_\_\_\_ Broker Salesperson Other

Position with firm: *(choose one)* Employee Independent Contractor Principal Partner  
Branch Office Manager Corporate Officer

**SECTION II**

**Affiliations**

Are you a member of an **Institute, Society or Council** affiliated with the NATIONAL ASSOCIATION OF REALTORS®? (Circle One) **Yes No** If "yes", please specify name(s): \_\_\_\_\_

Are you currently a **member of another board or association** which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or **have you held membership in another board or association?**

(Circle One) **Yes No**

If yes, please provide "**NRDS**" number (National REALTOR® Database Number): \_\_\_\_\_

and last date (year) of completion of NAR's Code of Ethics training requirement \_\_\_\_\_

Have you been a user or subscriber in a **Multiple Listing Service** within the past ten (10) years?

{Please circle one} **Yes No** If yes, MLSPIN# \_\_\_\_\_

Has your last name changed since you held membership in the above associations? (Circle One) **No Yes**

If "yes", name on record: \_\_\_\_\_

**SECTION III**

**PERSONAL DATA - VOLUNTARY\*\***

***Please take a moment to complete...***

*\*\*Information supplied in this section is not required, but will assist the association in establishing historical and demographic data regarding membership. Information furnished hereunder will not be used in evaluating an applicant's qualifications for membership... otherwise proceed to Section IV.*

Date of Birth: \_\_\_\_\_ Race/Ethnic/National Origin: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_ Salesperson\_\_\_ Broker\_\_\_ Other: \_\_\_\_\_

In what phase of real estate do you specialize? \_\_\_\_\_

Are you now employed by or engaged in any other business or profession? (Circle One) **Yes No**

Position: \_\_\_\_\_ Location: \_\_\_\_\_

**SECTION IV**

**ALL APPLICANTS MUST SIGN**

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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the North Shore REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **Dues and application fees are non-refundable.**

I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize North Shore REALTORS®, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to North Shore REALTORS® by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not from the basis of any action by me for slander, libel, or defamation of character.

**NOTE:** Applicant acknowledges that the association will maintain a file of information, which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations; violations of any membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the association.

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.

Name: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Please print) (Signature)

**Method of Payment**

Check (payable to NSR)    MasterCard    Visa

*By completing the form below, I authorize you to charge my MasterCard or Visa:*

Name on Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Auth. Code: \_\_\_\_\_

**2020 REALTOR® DUES SCHEDULE**

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Dues (NSR/MAR/NAR)	\$655.00	\$604.17	\$553.33	\$502.50	\$451.67	\$400.83
*Application Fee / Orientation	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
<b>Total to be Paid with Application</b>	<b>\$805.00</b>	<b>\$754.17</b>	<b>\$703.33</b>	<b>\$652.50</b>	<b>\$601.67</b>	<b>\$550.83</b>

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Dues (NSR/MAR/NAR)	\$350.00	\$299.17	\$248.33	\$197.51	\$146.67	\$95.83
*Application Fee / Orientation	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
<b>Total to be Paid with Application</b>	<b>\$500.00</b>	<b>\$449.17</b>	<b>\$398.33</b>	<b>\$347.51</b>	<b>\$296.67</b>	<b>\$245.83</b>

**MAIL PAYMENT TO: NSR MEMBERSHIP DEPARTMENT, 398 ESSEX STREET, BEVERLY, MA 01915**  
**FAX PAYMENT TO: NSR MEMBERSHIP DEPARTMENT AT 978-232-9414**  
**ANY QUESTIONS? CALL 978-232-9410 EXT: 108 OR EMAIL: [JEANNETTE@NORTHSHOREREALTORS.COM](mailto:JEANNETTE@NORTHSHOREREALTORS.COM)**  
**MONDAY THROUGH FRIDAY 8:45 A.M TO 4:30 P.M.**