MEMBERSHIP APPLICATION TIFTAREA BOARD OF REALTORS® (TBOR) &/OR MULTIPLE LISTING SERVICE OF THE TBOR (MLS) PO BOX 864, TIFTON, GA 31793

(229) 388-1111 FAX: (229) 382-2848

I am applying for membership for the following category: (Ple	ase Check One)	
[] PRIMARY [] SECONDARY-NAME OF PRIMARY BO)ARD:	[] MLS ONLY
Membership Type: (Please Check One)		
[] BROKER [] DESIGNATED REALTOR [] AGENT	[] CERTIFIED/LICEN	ISED APPRAISER
To the Tiftarea Board of REALTORS®, and/or the Multiple Listin following Membership: REALTOR: \$ (Payab MLS: \$ (Payable to Tiftarea MLS). * My application fee and dues will be returned to me in the event of the second sec	le to Tiftarea Board of REAL	
NOTE: In the event of my election, I agree to abide by the Code of which includes the duty to arbitrate. Also, I agree to abide and adh Regulations of the Tiftarea Board of REALTORS®, the Multiple National Association. I understand membership brings certain prive Membership is provisional and may be revoked should completion completed within times indicated in the Bylaws. Applicant acknowledges that if accepted as a member and he/she scauses membership to terminate with an ethics complaint pending, membership upon applicant's certification that he/she will submit decision of the hearing panel. If applicant resigns or otherwise cau arbitration continues in effect even after membership lapses or is to a REALTOR®.	Listing Service, the Georgia A vileges and obligations that reconstruction of requirements, such as the subsequently resigns from the subsequently resigns from the to the pending ethics proceedings membership to terminate,	vs and Rules and Association and the quire compliance. orientation, not be Board/Council or otherwise condition renewal of ing and will abide by the the duty to submit to
I hereby submit the following information for your consideration: (Pl	LEASE PRINT)**All Informat	ion is required**
Name:	Real Estate License #:	
(As shown on license)	Appraiser License#:	
Name You Go By:	Date of Birth: _	
Company Name:		
Company Address:Street	City	Zip
Office Phone: () Fax: ()		_
Home Address:Street	City	Zip
Home Phone: () Cell Pho	one: ()	
Preferred Mailing: [] Home [] Office Preferred Ph	none: [] Home [] Office	e [] Cell
Email Address		

Do you hold yourself out to the general public as being actively engaged in the real estate business? Specialty: [] Residential [] Commercial [] Land [] Auction	
How long with current real estate firm? Previous real estate firm (if applicable):	
Are you currently a member of any other Board of REALTORS®? If yes, name of Board and type of member held:	ship
Have you previously held membership in any other Board? If yes, name of Board and type of membership hel	1:
If you are now or have ever been a REALTOR®, indicate your NAR membership -NRDS#	
What date (year) did you last take the NAR's Code of Ethics required training (if applicable):	
Has there been a Code of Ethics violation filed against you in the last 3 years or is there any currently pending? If yes, please specify:	
Have there been any real estate related complaints by a federal or state agency against you, within the last three years? If yes, please specify:	
Are you a Principal Broker, Designated Realtor, Branch Manager, or Appraiser? If yes, you must also complete page 3 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 furth agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. NOTE: Payments the Tiftarea Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as ordinary and necessary business expense. I understand it is the Association policy there will be NO REFUNDS on any fees/dues paid by signing below I consent that the REALTOR Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundations)	to n d. tion)
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 apart of my membership.	
I agree as a condition of participation in the MLS to abide by all relevant bylaws, rules and other obligations of participation, including payment of fees. I confirm that I currently, and will on a continuand ongoing basis in the operation of my real estate business activities, actively endeavor to list real property of the type filed with the MLS and/or accept offers of cooperation and compensation made to other Participants through the MLS. I agree that I must continue to engage in such activities during a participation in the MLS. I acknowledge that failure to abide by these conditions of participation on a ongoing basis may result in potential suspension or termination of MLS participatory rights after a hearing in accordance with the established procedures of the MLS.	y 1y
THIS APPLICATION MUST BE SIGNED BY BOTH THE AGENT AND THE BROKER	
Applicant Signature: Date:	
Broker Signature: Date:	