

APPLICATION FOR REALTOR  MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKER

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Company Information:  Individual  DBA  Partnership  Corporation

Your Position:  Principal  Partner  Corporate Officer  Trustee

Independent Contractor  Other: \_\_\_\_\_

Names of Principals/Partners/Officers/Trustees of your firm: \_\_\_\_\_

Have you ever been refused membership in any other real estate Board/Council? \_\_\_\_\_

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? \_\_\_\_\_ If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_

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

Do you hold, or have you ever held, a real estate license in any other state? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have there been any complaints within the last three years against you or your firm? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide 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 from time to time as established. NOTE: Payments to the Greater Bangor 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 (i.e. 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: \_\_\_\_\_