

**FOR BOARD USE ONLY**

(check one) Primary Member \_\_\_\_\_ Secondary Member \_\_\_\_\_

NRDS# \_\_\_\_\_

Brokerage NRDS# \_\_\_\_\_

Date application received \_\_\_\_\_

Date payment received \_\_\_\_\_

Amount received \$ \_\_\_\_\_

Date entered in QuickBooks \_\_\_\_\_

Date entered in NRDS \_\_\_\_\_

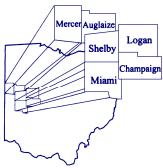
Date entered in Ohio REALTORS database \_\_\_\_\_

Date entered in Access database \_\_\_\_\_

Date entered in email database \_\_\_\_\_

Date provisional acceptance sent \_\_\_\_\_

Date Orientation Completed \_\_\_\_\_



**Midwestern Ohio Association of REALTORS®**

1087 North Market Street, Troy, OH 45373

Phone: (937)335-8501 FAX: (937) 335-8201

moar@moarrealtors.com

**MEMBERSHIP APPLICATION**

I, \_\_\_\_\_, hereby apply for membership with the Midwestern Ohio Association of REALTORS® and agree as a condition of membership to complete the New Member Training course of Midwestern Ohio REALTORS and complete the online ethics Course for New Members provided by the National Association of REALTORS® within 60 days of my application.

Please fill-in or PRINT information requested below, make sure all spaces are complete and legible. Please allow 24 hours for application processing.

Name \_\_\_\_\_

Brokerage Name \_\_\_\_\_

Home Address \_\_\_\_\_

Brokerage Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Brokerage Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date licensed with Brokerage \_\_\_\_\_

Email \_\_\_\_\_

License Type: (Choose One) \_\_\_ Salesperson \_\_\_ Sales Manager

File Number \_\_\_\_\_

\_\_\_ Broker Other (specify) \_\_\_\_\_

**Are you a member of any other real estate board?**

Yes \_\_\_ No \_\_\_ Name of Board \_\_\_\_\_

**Do you hold, or have you held a real estate license in any other State?**

Yes \_\_\_ No \_\_\_ If yes, specify State \_\_\_\_\_

**Has your real estate license in this or any other state been suspended or revoked?**

Yes \_\_\_ No \_\_\_ If yes, specify the place(s), date(s), of such action and detail the circumstances \_\_\_\_\_

**Are there now, or have there been within the last five (5) years, any complaints against you or the firms which you have been associated before any state regulatory agency or state federal Civil Rights agencies?** Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, specify the substance of each complaint, current status or resolution of such complaint: \_\_\_\_\_

**Have you been convicted of a felony within the last five (5) years?**

Yes\_\_\_ No\_\_\_ If yes, give details\_\_\_\_\_

**I understand by providing my mailing address(es), email address(es) and telephone number(s), I consent to receive communications from Midwestern Ohio REALTORS®, Ohio REALTORS®, National Association of REALTORS® and members of the Midwestern Ohio REALTORS® via U.S. mail, email or telephone at those number(s)/location(s) provided by me to the Association.**

**I agree to abide by 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. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by and authorize the Board, to invite and receive information and comment about me. Information gathered shall remain privileged and not form the basis of any action by me for slander, libel, or defamation of character.**

**NOTE:** If applicant is accepted as a Member and subsequently resigns or is expelled from membership in the Board with an ethics complaint or arbitration request pending, he/she must submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel. If payment of an arbitration award is pending said payment of award, plus any costs that have previously been established as due and payable in relation thereto, must be paid before membership is approved.

**I hereby agree to pay dues and fees as required for membership. Fees are calculated from the MONTH the application is received by the Association. Enclosed is a check in the amount of \$ \_\_\_\_\_ (payable to MOAR)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal Broker

\_\_\_\_\_  
Date

***You must include a copy of your Real Estate License with this Application.***

*This document is a fillable pdf. You can enter the information, do a Save As and save your file on your computer. Applications can be emailed to [moar@moarrealtors.com](mailto:moar@moarrealtors.com) or faxed to (937) 335-8201*