

4/13/2023

Loveland-Berthoud Association of REALTORS® Application for REALTOR® Membership

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint or arbitration request 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 apply for REALTOR® Membership in the Loveland-Berthoud Association of REALTORS®. Applicant will be contacted by LBAR Staff for payment once the application is received and ready to be processed. Dues are prorated according to month joining, which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the Loveland-Berthoud Association of REALTORS®, the Colorado Association of REALTORS® and the National Association. I 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 requirements, such as the New Member Orientation and the 4-hour Ethics and Professional Practices Class, not be completed within the 90 day timeframe established in the association's bylaws. I 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.

Name as shown on license			
NicknameN	ame as you want it to ap	ppear on roster : _	
Real Estate License #:			
Licensed/certified appraiser: []		11	raisal License #:
Gender: MaleFemale	Date	of Birth (optional)
E-Mail:			
Would you like to have your email			[] Yes [] No
Office Name:			
Office Address:			
			Zip
Office Phone:	Office Fax:		_
Office Website address:			
Residence Address:			
City		State	Zip
Cell Phone:	Fax:		_ Other Phone:
Preferred Mailing: [] Home [Office Pref	Ferred Phone: [] Cell [] Office [] Other
TC	DEALTODA '. 1'	NIAD 1	al' (MDDC) #
If you are now or have ever been a	REALTOR®, indicate y	our NAR membe	rship (NRDS) #:

Are you <u>presently</u> a member of any other Association of REALTORS®? [
Have you previously held membership in any other Association of REALTORS®? [] Yes [] No If "yes", name each Board/Association, type of membership held, and dates establishing the time period for which membership was held:
Do you hold, or have you ever held, a real estate license in any other state? [
Has your real estate license, in this or any other state, been suspended or revoked? [
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? [
Date first licensed in Colorado
Have you been continuously licensed since then? If No , date when re-licensed
Do you want to be included on our email Rookie List? [] Yes [] No
Do you want to be included on our email NoCO YPN(Young Professional) List? [] Yes [] No
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 Loveland-Berthoud Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.
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 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:
Applicants for Secondary membership only (This portion to be completed and signed by the Executive Officer or Elected Secretary of your primary Board/Association):
I certify that is a REALTOR® Member in good standings of the
Board/Association of REALTORS.
Executive Officer/Secretary

and last date of completion of NAR's Code of Ethics training requirement: (Date)____.(provide copy of certificate)