



PEARL RIVER COUNTY BOARD OF REALTORS®

I hereby apply for REALTOR® Membership in the Pearl River County Board of REALTORS® and MLS, enclosing payment in the amount of \$600.00 for a one time application fee to the Board, a onetime application fee of \$1,000.00 for the (MLS), and \$ * for my dues payable to the Pearl River County Board of REALTORS®, as well as State and National dues (*please see fee schedule and insert correct amount(s)*).

I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I will attend orientation within **90-days** of Association's confirmation of membership. Failure to meet this requirement may result in having my membership terminated. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to mediate and arbitrate and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. 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 orientation, not be completed within 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.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint 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®.

* Amounts are prorated according to month joining unless membership was held the previous year. I hereby submit the following information for your consideration:

Personal Information:					
First Name		Middle Name			
Last Name		Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Personal Fax:					
E-mail Address:		Secondary E-mail:			
Real Estate License #					
Licensed/Certified Appraiser:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appraisal License #			

Company Information:					
Office Name:					
Office Address:					
Office Phone:		Fax:			
Company Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify				
Your position:	<input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder <input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other				
Names of other Partners/Officers/ of your firm:					

Preferred Mailing/Contact Information:

Initial Password for Association Site (if applicable):	
Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell	
Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/>	
Secondary E-mail	
Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate	
Mail Publications to: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate	

Office Mailing Alternate:

Address:			
City:		State:	
		Zip:	

Member Mailing Alternate:

Address:			
City:		State:	
		Zip:	

Applicant Information:

Are you presently a member of any other Association of REALTORS®? Yes No

If yes, name of Association	
Type of membership held:	

Have you previously held membership in any other Association of REALTORS®? Yes No

If yes, name of Association	
Type of membership held:	

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? Yes No

(If yes, provide details.)	
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If you are now or have **EVER** been a REALTOR®, indicate your NAR

membership (NRDS) #					
Last date (year) of completion of NAR's Code of Ethics training requirement:					
Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, or if you have any branch offices, please indicate and give address:	Address:				
	City:		State:		Zip:
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where:					
Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					
Have you or your firm been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					

Other Information	
Date of Birth:	
How long with current real estate firm?	
Previous real estate firm (if applicable):	
Number of years engaged in the real estate business:	
Field of Business (Specialties)?	

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 Pearl River County Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

MLS: I acknowledge that the Logon Name and Password to the MLS that are assigned to me are unique and highly confidential. I agree that I will keep the Logon Name and Password confidential and that I will not share them with, or otherwise disclose them to any other person, nor will I allow another person to access the MLS using my Logon Name and Password. I acknowledge that, upon breach of this nondisclosure obligation, the Pearl River County Board of REALTORS® will have the right to terminate my MLS access/privileges

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.

Dated: _____ Signature: _____

FOR BOARD USE ONLY

Join Date:			
Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Provisional	
Primary Local Association NRDS ID #			
Primary State Association NRDS ID #			
Office ID:			
(If broker)			
Office Contact (Designated REALTOR®)			
Office Contact Manager:			

**Pearl River County Board of REALTORS®
MLS Participation Agreement**

Name of Participant/User

Office Name:

Office Address:
Primary Board
or Association :

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 continual and 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 by other Participants through the MLS. I agree that I must continue to engage in such activities during my participation in the MLS. I acknowledge that failure to abide by these conditions of participation on an ongoing basis may result in potential suspension or termination of MLS participatory rights after a hearing in accordance with the MLS's established procedures.

Signature

Date:

**Pearl River County Board of REALTORS®
Agent/Appraiser Verification Form**

To Designated REALTORS®: Please complete the following and return to the Board Office. In accordance with Section 6(b) of our association's MLS Rules and Regulations, the monthly cost "to bring the service to the Participant" applies to "the designated REALTOR® and each associated licensee..."

Please have the Designated REALTOR® list all licensees' that are associated with him/her that has a Mississippi Real Estate License and/or a Mississippi Appraisers License.

Agents/ Appraisers Name

Agent/Appraisers Name

Certified by (designated REALTOR®)

Date

Signature of Designated REALTOR: _____

Name of firm

Phone

E-mail address

Pearl River County Board of REALTORS® BOARD - Agent/Appraiser Verification Form

To Designated REALTORS®: Please complete the following and return to the Board Office.

In accordance with Article X, section 2(a) of our Bylaws *“The annual dues of each Designated REALTOR® Member shall be in such amount as established annually by the Board of Directors, plus an additional amount to be established annually by the Board of Directors times the number of real estate salespersons and licensed or certified appraisers who (1) are employed by or affiliated as independent contractors, or who are otherwise directly or indirectly licensed with such REALTOR® Member, and (2) are not REALTOR® Members of any Board in the state or a state contiguous thereto or Institute Affiliate Members of the Board...”*

Each licensee will be individually billed however, should the agent/appraiser fail to pay then you will be responsible for all for each agent/appraiser associated with your company.

Remember, If you are an Appraiser, and you are a member of the National Association of REALTOR® then by definition, you are a REALTOR® member.

Designated Realtor®, please list all licensees’ that are associated with you that has a Mississippi Real Estate License and/or a Mississippi Appraisers License.

Agents/ Appraisers Name:

Agent/Appraisers:

If you need additional space, please submit on an additional sheet.

The above information is known to be true to me and I do not have any additional agents and/or appraisers other than listed above (*and on additional sheet, if applicable*) associated with my company.

Signature of Designated REALTOR®: _____

Name of firm:

Phone:

E-mail address: