

MEMBERSHIP OPTION FORM

UPDATED 10/2019

NAME: _____ COMPANY _____

APPLICATION DATE _____ DATE ACTIVE W/TREC _____

Please read and check boxes below (staff will help with any questions you may have):

I was explained the different membership options and the dues related to each. The applicant shall have privileges of membership within seven (7) days from date of complete application and dues payment received by the board, but final approval will be contingent upon completing all requirements for membership. DUES ARE NON REFUNDABLE

I understand I have access to review all Lufkin Association of REALTORS® documents, including the Bylaws, MLS Rules and Regulations and NAR's Code of Ethics.

LUFKIN ASSOCIATION MEMBERSHIP & LUFKIN MLS MEMBERSHIP

Please Initial {
____ I understand I am a member of the Lufkin Association & MLS
____ I have the option to participate in the SUPRA Key Box system- cost include cost of a SUPRA eKey automatically charged monthly
____ I understand I have to take a mandatory orientation session within 180 days of joining the Association and the MLS.
____ I must provide a copy of my Texas Real Estate License

LUFKIN ASSOCIATION ONLY MEMBERSHIP

Please Initial {
____ I understand I am a member of the Association only and NOT MLS
____ I understand I DO NOT have access to the MLS or the SUPRA eKey System
____ I understand I have to take a mandatory orientation session within 180 days of joining the Association and the MLS
____ I must provide a copy of my Texas Real Estate License

LUFKIN MLS ONLY MEMBERSHIP

Please Initial {
____ I have the option to participate in the SUPRA eKey Box System- Cost includes purchase of SUPRA eKey automatically charged monthly
____ I understand I am NOT a member of the Association and only the MLS
____ I must provide proof of dues from the Association I have paid NAR & TR dues through.
____ I must provide a copy of my Texas Real Estate License

SECONDARY LUFKIN ASSOCIATION MEMBERSHIP & LUFKIN MLS MEMBERSHIP

Please Initial {
____ I understand I had the option to join MLS only but I chose to join the Lufkin Association as a secondary member
____ I understand I am a Lufkin Association member and a Lufkin MLS member
____ I must provide proof of dues from the Association I have paid NAR & TR dues through.
____ I have the option to participate in the SUPRA eKey Box System- Cost includes purchase of a SUPRA eKey automatically charged monthly
____ I must provide a copy of my Texas Real Estate License

REFERRAL AGENT

Please Initial {
____ I understand I am NOT a member of the Lufkin Association but refer all real estate transactions to my Broker
____ I will not be listing or selling any properties not using the MLS
____ I understand my Broker must submit a Referral Letter
____ I must provide a copy of my Texas Real Estate License

I fully understand the options stated above, I have paid LAR _____ Ck# or Card type _____ and/or MLS _____ Ck# or Card type _____ non-refundable dues for membership status I have chosen. 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, may be grounds for revocation of my membership, if granted. I authorize the Association to send emails and/or Text messages to any/all numbers provided within this application.

_____/_____/_____ Date application completed

Signature/I have received a copy of this application _____ Date Services available



APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the:

- Luf kin Association of REALTORS®
- Luf kin MLS (skip to Contact Information)
- Both Luf kin Association of REALTORS® and Luf kin MLS

Section 2

Qualifications for Membership. I understand that membership brings certain privileges and obligations that require compliance, including the following:

- I will attend orientation within 180 days of the Association confirming my membership. Failure to meet this requirement may result in having my membership terminated.
- Membership in the Association necessarily means that I am also a member of the State Association and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association’s bylaws.

NOTE: The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.

CONTACT 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:	
Fax:		
Primary E-mail:	Secondary E-mail:	
May the Association, as well as the State and the National Associations, communicate with you via text message?		<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSE INFORMATION:

Broker or Salesperson's License #	
State of Licensure:	Appraisal License #
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:	

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:		
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, or if you have a branch office, please provide that address:		
Address:		
City:	State:	Zip:

PREFERRED MAILING/CONTACT INFORMATION:

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:

Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules?¹ Yes No

Are you currently 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:

Do you have any unsatisfied discipline pending for violation of the Code of Ethics ?² Yes No

If yes, provide
details.

If you are now or have been a REALTOR® member before, please provide the information below.

Previous NAR
membership (NRDS)
#

Last date (year) of completion of NAR's
Code of Ethics training requirement:

¹ The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: www.realtor.org/mmm.

² Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

Have you ever been refused membership in any other Association of REALTORS®? Yes No

If yes, state the basis for each such refusal and detail the circumstances related thereto:

Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? Yes No

If yes,
provide
details:

Do you have a record of criminal conviction(s) within the past seven (7) years? Yes No

If yes,
provide
details:

Additional Optional Applicant Information to be completed and considered only if the Association has adopted Section 2(c) from Article V of the NAR Model Bylaws.

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? Yes No

If yes, provide details.

Are there pending ethics complaints against you? Yes No

If yes, provide details.

Do you have any unsatisfied discipline pending? Yes No

If yes, provide details.

Are you a party to pending arbitration request? Yes No

If yes, provide details.

Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? Yes No

If yes, provide details.

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 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 (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: _____

Please provide a password you would like to have for your Lufkin Multiple Listing Services, Inc. Access.

The password should contain at least one upper case letter, number and/or symbol. Your password is subject to an automatic change every so often. Please ensure you do not share this information with anyone.

OPTIONAL INFORMATION

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)?

Languages Spoken?

INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION

Join Date:

Status: Active Provisional

Primary Local Association NRDS ID #

Primary State Association NRDS ID #

Office ID:

(If broker)

Office Contact (Designated REALTOR®)

Office Contact Manager:

Number of Non-Member Licensees: