



**APPLICATION FOR SECONDARY REALTOR®
MEMBERSHIP**

Indiana Association of REALTORS®

To the Indiana Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and will submit my payment in the amount of \$ 200.00 for a one time application fee and \$279* for my 2024 Dues payable to Indiana Association of REALTORS® upon election. Application fee and dues are nonrefundable. 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 arbitrate, and the Constitution, Bylaws and Rules and Regulations of 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 may be revoked should completion of requirements, not be fulfilled on 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 Board 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®.

* Amount shown is subject to proration according to month joining.

I hereby submit the following information for your consideration:

First Name _____ Middle Name _____

Last Name _____ Suffix (Jr, III, Sr, etc)

Email Address: _____

Indiana Real Estate License #: _____

Licensed/certified appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address: _____

Office Phone: _____

Home Address Street _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Preferred Mailing: [] Home [] Office Street

Alternate

Preferred Phone: [] Home [] Office [] Cell

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

If yes, name of Association and type of membership held: _____

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

If yes, name of Association and 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 as an attachment.)

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____ and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company) Other, specify _____

Your position: Managing Broker Broker Branch Office Manager Nonprincipal Licensee

Name of Managing Broker holding your Indiana license:

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:

Is the Office Address, as stated, your principal place of business? [] Yes [] No

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

Do you hold, or have you ever held, a real estate license in any other state? [] Yes [] 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? If yes, provide details:

Have you or your firm been convicted of a felony or other crime. 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 Indiana 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, 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: _____

Return to: tbrown@indianarealtors.com

or

Indiana Association of REALTORS®
Membership Department
143 W Market St, Ste 100
Indianapolis IN, 46204