

APPLICATION FOR MEMBERSHIP

TO: DES MONIES AREA ASSOCIATION OF REALTORS®, INC.

I, _____ hereby apply for Affiliate/Institute
(Name of Applicant)
Affiliate Membership in the above named Association.

* * * * *

Please print or type.

Applicants name: _____

Designations (for Institute Affiliate applicants): _____

Company name: _____

Type of business: _____

Company address: _____

Company phone number: _____

Company fax number: _____

E-mail address: _____

Social Security Number: _____

Home Address: _____

Are you a member of **or** have you previously held membership in any other real estate board affiliated with the NATIONAL ASSOCIATION OF REALTORS®?
D Yes D No

If "Yes", name each other such Board, type of membership held, and dates establishing the time period for which membership has been held.*

Have you participated in a Multiple Listing Service? D Yes D No
If Yes, Where?

Are you going to be requiring a Supra Key Card to access listings?

Yes, please continue to fill out application along with the background check application, pending results of application Supra Key Card access will be granted.

No, please just sign the back page of this application

Are you now employed or engaged in any other business or profession?

Yes No

Are you or is any firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years?

Yes No

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto*:

Are there now any pending or unresolved complaints, or have there been within the past three (3) years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government?

Yes No

If "Yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.*

Have you ever been convicted of any crimes in the past 10 years?

Yes No

If so, give details including state and court of conviction:

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 also understand that if I am unable to fulfill all of my obligations as an applicant, only a portion of the DMAAR entrance fees submitted with this application will be returned to me.

Applicants Signature

Date

Qualified Affiliate and the Company hereby represent and warrant that the following will be in effect at all times the Affiliate holds SupraCard privileges.

Pest Control Affiliates Qualifications and Insurance Requirements:

Affiliate member and the company shall both be a category 7B certificated commercial applicator, licensed within the State of Iowa.

Affiliate member and the company shall each be a member of the Iowa Pest Control Association or National Control Association.

Affiliate member and company shall maintain at least \$1,000,000 E & O or professional liability insurance and such insurance shall name DMAAR as an additional insured and provide indemnification both to DMAAR and its membership.

Affiliate member and company shall maintain a fidelity bond in the minimum amount of \$25,000.

Affiliate member and company shall maintain general liability insurance in an amount not less than \$1,000,000 per incident.

Affiliate member or company, as appropriate, shall maintain workers compensation insurance to cover all liability for such under Iowa law.

Home Inspection Affiliates Qualifications and Insurance Requirements:

Affiliate member and company shall each be certified member of the American Society of Home Inspectors (ASHI) or an equivalent certified trade association.

Affiliate member and company shall maintain at least \$1,000,000 E & O or professional liability insurance and such insurance shall name DMAAR as an additional insured and provide indemnification both to DMAAR and its membership.

Affiliate member and company shall maintain a fidelity bond in the minimum amount of \$25,000

Affiliate member and company shall maintain general liability insurance in an amount of not less than \$1,000,000 per incident.

Affiliate member and company, as appropriate, shall maintain workers compensation insurance to cover all liability for such under Iowa law.

Photographer Affiliates Qualifications and Insurance Requirements:

Affiliate member and company shall maintain at least \$1,000,000 E & O or professional liability insurance and such insurance shall name DMAAR as an additional insured and provide indemnification both to DMAAR and its membership.

Affiliate member and company shall maintain a fidelity bond in the minimum amount of \$25,000.

Affiliate member and company shall maintain general liability insurance in an amount of not less than \$1,000,000 per incident.

Affiliate member and company, as appropriate, shall maintain workers compensation insurance to cover all liability for such under Iowa law.

Affiliate member may only access the properties when on assignment from an MLS Participant.

Upon execution of this application, the affiliate member and company agree to all the stated terms and conditional of such application. Violation of any of such terms and conditions may constitute ground for termination of the right to use a SupraCard. Affiliate member and company understands that loaning of the Affiliate Super Card is strictly prohibited.