

APPLICATION FOR MEMBERSHIP

SECTION I

(All applicants are required to complete Section I)

TO: DES MOINES AREA ASSOCIATION OF REALTORS®, INC. AND MULTIPLE LISTING SERVICE

I, _____ hereby apply for REALTOR® AND MULTIPLE LISTING SERVICE
(Name of Applicant)

Membership in the above named Board, as my **PRIMARY** _____ **OR SECONDARY** _____ Board, (Primary Board being _____) and enclose my payment in the amount of \$ _____ (cashiers check, money order, company check or cash) which I understand will be returned to me (minus a \$50.00 processing fee) in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership to complete the indoctrination course of the above named Board, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitutions, Bylaws, and Rules and Regulations of the above named Association, the State Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

NOTE: Dues payments to the DES MOINES AREA ASSOCIATION OF REALTORS®, INC. are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

I hereby submit the following information for your consideration: Personal Email Address _____
Company

Name as shown on Real Estate License _____
(Please Print)

Name as you want it to appear in Roster _____
(Please Print) (First Name MI Last Name)

Nickname _____ Social Security Number _____

License No. _____ **D** (Broker) **D** (Salesperson) **D** (Other) Please Specify _____

Residence Address _____
(Street) (Apartment #)

(City) (State) (Zip Code + 4 digits) (Phone #) (Fax #)

Optional #'s: Desk _____ Mobile _____ Voicemail _____

Professional Designations _____

Name of Firm: _____

Office Address: _____
(Street) (Suite)

(City) (State) (Zip Code + 4 digits) (Phone #)

Date firm **received YOUR R.E.** license: _____, Last previous location _____

Check whether: **D** Sole Proprietor **D** DBA **D** Partnership **D** Corporation

State position with firm: Principal Partner Corporate Officer
 Office Manager Employee
 Independent Contractor Other

If "other", explain: _____

Are you actively engaged in the real estate business? Yes No

You are authorized to refer to the following members of this Association who know me:

(Name)	(Address)	(Phone #)
_____	_____	_____
_____	_____	_____

I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established.

Dated: _____ Signed: _____
(Applicant's Usual Form of Signature)

(Broker's Signature)

INFORMATION SUPPLIED UNDER SECTION II IS NOT REQUIRED, BUT WILL ASSIST THE ASSOCIATION IN ESTABLISHING HISTORICAL DATA REGARDING ITS MEMBERS. INFORMATION FURNISHED UNDER SECTION II WILL NOT BE USED IN EVALUATING AN APPLICANT'S QUALIFICATIONS FOR MEMBERSHIP. (OPTIONAL)

SECTION II **PERSONAL DATA**

Place of Birth _____ Date of Birth _____
(City or County) (State) (Country) (Mo. Day Year)

Ethnic/National Origin _____

Highest level of education completed _____

First entered the real estate business _____, at _____
(City)

Have you been engaged continuously in the business since then? Yes No

If not, during what years were you in the business? _____

How many years have you been active in the real estate profession? _____ Salesperson Broker Other _____

In what phase of real estate do you specialize? _____

PREVIOUS EMPLOYMENT or real estate association in past five years:

_____	from _____ to _____, at _____	(City)
_____	from _____ to _____, at _____	(City)
_____	from _____ to _____, at _____	(City)

SECTION III

GENERAL INFORMATION

First licensed in this State _____, and continuously licensed since _____

Resident here since: _____, Previous residence _____
(City or County and State)

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

If Yes, Where? _____

Are you now employed or engaged in any other business or profession? Yes No

(Position and Location)

List the names of Association Committees which you would be interested in serving on (Professional Standards, Education, Legislation, RPAC, Program/Entertainment, Public Relations, Equal Opportunity, School Liaison, Affordable Housing, Commercial Business)

ONLY APPLICANTS FOR REALTOR® MEMBERSHIP WHO ARE PRINCIPALS, PARTNERS, CORPORATE OFFICERS, OR INDIVIDUALS IN POSITIONS OF MANAGEMENT CONTROL ON BEHALF OF INDIVIDUALS WHO ARE NOT PHYSICALLY PRESENT AND ENGAGED IN THE REAL ESTATE PROFESSION IN CONNECTION WITH THE FIRM'S OFFICE LOCATED WITHIN THE JURISDICTION OF THE ASSOCIATION (e.g. branch office managers) MUST COMPLETE SECTION IV.

ALL OTHER APPLICANTS SHOULD PROCEED TO SECTION V

SECTION IV

State the names and titles of all other Principals, Partners, Corporate Officers or Trustee of your firm:

_____ (Name)	_____ (Title)
_____ (Name)	_____ (Title)
_____ (Name)	_____ (Title)

Is the Office Address, as stated in Section I, your principal place of business? Yes No

Business and Credit References:

Bank: _____

Escrow or Trustee Account: _____
(Name of Bank(s))

Others: _____

Are you or is any real estate 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*: _____

NOTE: Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been adjudged bankrupt in the past three (3) years, the Association may require as a condition of membership that the bankrupt applicant pay cash in advance for Association and MLS fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

Do you hold, or have you ever held, a real estate license in any other state? Yes No

If so, specify: _____

Has your real estate license, in this or any other state, been suspended or revoked? 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 a felony? Yes No

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

SECTION V (All applicants must sign)

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.

Signed: _____

(Applicant)

*Attach separate sheet(s) if required

April 2004

**THE DES MOINES AREA ASSOCIATION OF
REALTORS® , INC.**

Agent Changes Form

*(For existing users the below information **MUST** be present to accommodate changes)*

User ID#: _____

Name: _____

Company: _____

Office: _____

New member/Transfer/Changes

Name: _____

(As you would like it to appear)

Company: _____

*(Your **current** company)*

Office: _____

*(Your **current** office)*

Voice Mail #: _____

*(Your **current** voice mail #)*

Cell Phone #: _____

*(Your **current** cell phone #)*

Additional Instructions: _____

- Please print.
- **Include this form with application for new members and transfers to DMAAR or Fax to 515-453-8495.**