

APPLICATION for AFFILIATED PARTICIPATION

LINCOLN COUNTY BOARD OF REALTORS®, Inc.

806 E. Main St., Ste. D, Lincolnton, NC 28092

I am applying for :

- Affiliate*
(Individual)
- Local Only*
- Corporate Affiliate*
Corp. Affil. Additional Designee

membership in the Lincoln County Board of Realtors®. I have enclosed a copy of my evidence of affiliation of a qualifying institute and an Application Fee (**\$150.00 Affiliate; \$250.00 Corporate Affiliate; \$25.00 Additional Corp. Affil. Designee**) which is to be returned to me if my Membership Application is denied (Less a \$25.00 processing fee). If my application is accepted, I agree to abide by the Board's Charter, Bylaws, and Rules and Regulations and the North Carolina Association of REALTORS®.

For adequate value received and in consideration of being granted affiliate membership in the Association, I irrevocably waive and release any claim or right of action that I may have or acquire against the Association or any of its officers, directors or members, for any act performed in connection with the business of the Association, and particularly, as to the acts of the Association or any of its officers, directors or members taken in approving or not approving, advancing, suspending, expelling or otherwise disciplining me as an applicant or member of the Association. Further, as a condition of affiliate membership in the Association, I expressly waive any cause of action or claim for libel, slander or defamation that might arise from the filing or consideration of any ethics complaint or arbitration request.

ALL APPLICANTS:

- Mr.
- Mrs.
- Miss
- Ms.

NAME (Print) _____ Nickname: _____

COMPANY _____ Tax I.D. Number _____

Company Address _____
Street PO Box # City State Zip

Office Phone _____ (x) _____ Office Fax _____

Other Office Number(s): _____

Office E-Mail _____ Website _____

Nature of business (please give brief description of the services company offers): _____

Check: () Sole Proprietor () L.L.P. () Corporation () DBA () Other :) _____

Your Title: _____ Other Contact people in company: _____

Appraiser # _____ (if Applicable) S.S. # _____ Birthday ____ / ____ / ____

Home Address _____
Street PO Box # City State Zip

Home Phone _____ Cell Phone _____ Pager _____

In applying for membership with the Lincoln County Board of REALTORS® I understand that providing the information on this form I *CONSENT* to receive faxes / emails / phone calls from the Lincoln County Board of REALTORS®, the North Carolina Association of REALTORS®, and the National Association of REALTORS®. I further *REQUEST* that meeting notices and informational notices be sent to me via email or fax when possible whereas the Lincoln County Board of REALTORS® bylaws stipulate notices be "mailed" or "in writing".

ALL APPLICANTS:

In order to consider your membership in the Association, it is necessary to have certain information in our files. Please answer all of the following questions:

- 1. Are you a member of any institute, society or council affiliated with the NATIONAL ASSOCIATION OF REALTORS®? Yes / No (circle one)

If "yes," please indicate name of affiliated institute, society or council:

- 2. Are you currently a member of another board or association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS® or have you held membership in any board or association within the past three (3) years? Yes / No (circle one)

If 'Yes' list each board and association where membership is/was held, type of membership held and approximate dates of membership.

(Association/Board) (Type) (Date)

(Association/Board) (Type) (Date)

- 3. If you are licensed, will you be engaging in real estate brokerage? Yes / No (circle one)
- 4. If licensed, will you be accepting referral fees? Yes / No (circle one)
- 5. Do you intend to join an Institute, Council or Society of the National Association? Yes / No (circle one)
- 6. Do you receive any compensation from the sale of real estate? Yes / No (circle one)
- 7. Do you need a RE license in order to perform your job or conduct company business? Yes / No (circle one)

I agree to pay the established dues as long as I remain a Member. My payment for dues will be submitted no later than 30 days after receipt of invoice. In the event I have not paid my dues in the time frame allowed, I acknowledge that my membership may be suspended and I will have to reapply and pay a new Application Fee. I understand there is a \$25.00 processing fee for changing our Representative. Dues payments to the Lincoln County Board of REALTORS® are not tax deductible as charitable contributions; however, portions of such payments may be tax deductible as ordinary and necessary business expenses.

I CERTIFY THAT ALL INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT AND I UNDERSTAND AND 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.

Date _____ / _____ / _____ Applicant's Signature _____

CORPORATE AFFILIATE'S ONLY (to be completed by Supervisor):

I have complete knowledge of this application for Affiliate Membership with the Lincoln County Board of REALTORS®. Further, I am aware and understand all the terms and agreements set forth in this application. As supervisor of the Representative applying on this application, I agree to enforce these terms and agreements.

I understand that, should the need arise, per your Bylaws and Policy and Procedures Manual, my Firm/Company may Transfer our Member Representative for a fee of \$20.00.

I CERTIFY THAT ALL INFORMATION FURNISHED BY MY REPRESENTATIVE ON THIS APPLICATION IS TRUE AND CORRECT AND I UNDERSTAND AND 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.

SUPERVISOR (Please Print)

DATE