

LUTAR

Lapeer and Upper Thumb Association of REALTORS®

410 W Nepessing Street * Suite 105 * Lapeer MI 48446

Phone: (810)664-0271 LUTAR@MiThumb.com

APPLICATION FOR MEMBERSHIP

I hereby apply for membership with LUTAR and enclose my check in the amount of \$ _____. In the event that I am admitted to membership I agree to abide by the Code of Ethics and Standards of Practice of the NATIONAL ASSOCIATION OF REALTORS®, the Constitution, as amended to Michigan Law, Bylaws and Rules and Regulations of the above-named Association, and the Constitution, Bylaws and Rules and Regulations of the Michigan Association of REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®. I hereby acknowledge the REALTOR® membership duties to which I agree, including my duty to arbitrate disputes as provided in the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® and in the governing documents of the Lapeer and Upper Thumb Association of REALTORS®. I consent that the Association may invite and receive information and comment about me from any person in response to the invitation and I further agree that any information and comment furnished to the Association by any person shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I hereby submit the following information for your consideration.

NAME, as shown on license:

Last

First

Middle

NAME, as you want it to appear on Roster

HOME ADDRESS:

ADDRESS

CITY

ST

ZIP

Cell Phone# _____

Email: _____

REALTOR® LICENSE # _____

BIRTHDATE _____

I am applying as a: Designated REALTOR® _____ REALTOR® _____ REALTOR® Appraiser _____

This application is for: (Check one) Primary Membership _____ Secondary Membership _____

MAIN OFFICE: _____

BROKER NAME & LICENSE#: _____

OFFICE ADDRESS:

ADDRESS

CITY

ST

ZIP

OFFICE Phone# _____ OFFICE Email: _____

IMPORTANT – Are you currently Or have you been a member of any other real estate Board of Association? If yes:

_____ From: ____/____/____ To: ____/____/____

Name of Association

I have been refused membership in other real estate Boards/Associations: YES _____ NO _____

If yes, give details:

My license has been suspended or revoked in this or another state: Yes _____ No _____ If yes, specify the place(s) and date(s) of such action, and detail the circumstances, which relates to this action:

I have been convicted of a felony? Yes _____ NO _____. If yes, give details: _____

Do you have any violations of (1) civil rights laws; (2) real estate license laws; (3) or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities, and (4) findings of violations of the REALTORS® Code of Ethics resulting in suspension or expulsion from any member Board/Association in which you are or were a member?

Yes _____ NO _____. If yes, please give explanation: _____

PERSONAL DATA

Real estate Designations (i.e.: GRI, CRS, CRB)

First licensed in this state:

I have been affiliated with my current firm since:

My previous firm was:

I was affiliated there from: _____ :to _____

I hereby certify that the following 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 understand that if I do not successfully complete the Association Orientation Course within 60 days from the date first scheduled for me, a portion of my dues will be retained by the Association as an administrative charge and I will no longer be considered an applicant for membership. I further understand that I shall be required to reapply as a new member applicant, pay normal application fees, and complete all new member requirements in accordance with the Association Bylaws. I agree that if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. I understand that failure to comply with these requirements may result in a fine or any other disciplinary action as prescribed by the Board of Directors.

I further agree and understand that the LUTAR Association will at times send me communications concerning my membership and Association activities via regular mail, fax, text (Message and data rates may apply), and/or email or other electronic means, and by my signature below I expressly consent to such communication.

Date:

Applicant's Signature

Date:

(Broker) Principal REALTOR® Signature

Please make check or money order payable to LUTAR, or use your VISA, MasterCard or Discover:

Exp ____/____

Signature _____

3-digit Security Code: _____

Do you wish this credit card information be kept on file for auto-pay? Yes ___ No ___

Auto payments processed through a secure site. All auto payments are taken out the 12th day of each month. More information may be needed in order to enroll in the auto-pay program.