



Mid-Iowa Regional Board of REALTORS®
Application for Active Membership

*Please complete and return this form with payment to
Mid-Iowa Regional Board of REALTORS®
205 Rainbow Drive
Marshalltown, IA 50158*

I, _____,
hereby apply for Realtor® Membership in the Mid-Iowa Regional Board of REALTORS®,
and enclose my check in the amount of \$_____ which I understand will be
returned to me 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 orientation class of the
Board and 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 Board, the Constitutions,
Bylaws, and Rules and Regulations of the Board, the Iowa Association of REALTORS®
and the National Association of REALTORS®, and 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 Board, 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 Board 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.

Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or
is expelled from membership in the Board 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.

Dues payable to the Mid-Iowa Regional Board of REALTORS® are not tax deductible as
charitable contributions. Portions of such payments may be tax deductible as ordinary and
necessary business expenses.

Prorated Dues and Fees Schedule

<u>Month</u>	<u>National Dues</u>	<u>National PR Assessment</u>	<u>State Application Fee</u>	<u>State Dues</u>	<u>IAR Special Assessment</u>	<u>IAR Disaster Relief</u>	<u>Local Application Fee</u>	<u>Local Dues</u>	<u>TOTAL</u>
JAN	150.00	45.00	100.00	145.00	10.00	5.00	200.00	395.00	\$1,050.00
FEB	137.50	45.00	100.00	145.00	10.00	5.00	200.00	395.00	\$1,037.50
MAR	125.00	45.00	100.00	145.00	10.00	5.00	200.00	395.00	\$1,025.00
APR	112.50	45.00	100.00	108.75	10.00	5.00	200.00	395.00	\$976.25
MAY	100.00	45.00	100.00	108.75	10.00	5.00	200.00	395.00	\$963.75
JUN	87.50	45.00	100.00	108.75	10.00	5.00	200.00	395.00	\$951.25
JUL	75.00	45.00	100.00	72.50	10.00	5.00	200.00	197.50	\$705.00
AUG	62.50	45.00	100.00	72.50	10.00	5.00	200.00	197.50	\$622.50
SEP	50.00	45.00	100.00	72.50	10.00	5.00	200.00	197.50	\$680.00
OCT	37.50	45.00	100.00	36.25	10.00	5.00	200.00	197.50	\$631.25
NOV	25.00	45.00	100.00	36.25	10.00	5.00	200.00	197.50	\$618.75
DEC	12.50	45.00	100.00	36.25	10.00	5.00	200.00	197.50	\$606.25

I hereby submit the following information for your consideration:

Date of Birth: _____ / _____ / _____ (please attach a copy of your photo ID ie: Driver's License)
Mo Day Year

Name: _____

Name as you want it to appear on roster: _____

Home Address: _____

Email Address: _____

Cell Phone: (_____) _____

Secondary Phone: (_____) _____

Real Estate License #: _____ (attach copy of license)

Office Name: _____

Office Address: _____

Office Phone: (_____) _____ Office Fax: (_____) _____

Do you hold or have you ever held a real estate license or appraisal license in any other state? Yes_____ No_____ If yes, where: _____

Has your real estate or appraisal license, in this or any other state, been suspended or revoked? Yes_____ No_____ If yes, detail the circumstances related thereto: _____

Are you presently, or have you previously been, a member of any Association of REALTORS®? Yes_____ No_____ If yes, state the association name and dates of membership: _____

If yes, state your NRDS ID Number: _____

Have you been refused or had your membership terminated in any other Association of REALTORS®? Yes_____ No_____ If yes, state the basis for refusal and detail the circumstances related thereto: _____

Have you been found in violation of the Code of Ethics or MLS Rules & Regulations in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes_____ No_____ If yes, provide details: _____

Are you currently being investigated by the Iowa Real Estate Commission (or any other states) for any complaints? Yes_____ No_____ If yes, provide details: _____

Have you been found in violation of any state's real estate licensing regulations within the past three (3) years? Yes_____ No_____ If yes, provide details: _____

Language(s) spoken: _____

Primary field of business: _____

Secondary field of business: _____

Secondary field of business: _____

(Field of Business is required to be completed. Please see last sheet for list of choices)

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

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.

Signature: _____ Date: _____

I hereby certify that the named applicant for membership will be associated with my office. I have read and approved the foregoing application and understand that I am personally responsible for the professional conduct of the applicant.

Broker Signature: _____ Date: _____



PLEASE ATTACH COPY OF:

PHOTO ID

REAL ESTATE LICENSE

Primary and Secondary field of business/specialty

RESIDENTIAL

- 100 General Residential Sales
- 101 Existing Homes (Resale)
- 102 New Homes
- 105 Residential Lots
- 109 Residential Appraisal
- 113 Farm and Ranch

PROPERTY MANAGERMENTS

- 130 Single Family
- 131 Multi-Family
- 132 Condos; Resorts; Time Shares

COMMERCIAL

- 200 General Commercial Sales/Leasing
- 202 Office Sales/Leasing
- 203 Retail Sales/Leasing
- 204 Land Sales/Leasing
- 207 Commercial Appraisal

OTHER REAL ESTATE SPECIALTIES

- 300 Auctioneer
- 303 Young Professionals Network

OTHER

- 900 Please specify