

MARSHALL COUNTY BOARD OF REALTORS

NEW MEMBER APPLICATION

Check one:

DESIGNATED REALTOR _____

REALTOR _____

PRIMARY OR SECONDARY MEMBER _____

IF SECONDARY, WHERE IS YOUR PRIMARY BOARD _____

BOARD NAME _____

FULL NAME AS IT APPEARS ON YOUR LICENSE _____

OFFICE NAME _____

OFFICE ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

PREFERRED MAILING ADDRESS OFFICE () HOME ()

DATE OF LICENSE _____

HAVE YOU EVER BEEN A MEMBER AT A DIFFERENT ASSOCIATION? _____

IF SO, WHERE _____

**REALTORS, AFFILIATES AND BUSINESS ASSOCIATES
FROM EXECUTIVE OFFICER**

**MARSHALL COUNTY BOARD OF REALTORS
MARKETING CONSENT FORM**

NAME _____

ADDRESS _____

CITY, _____ **STATE** _____ **ZIP** _____

CELL NUMBER _____

OFFICE PHONE _____

EMAIL ADDRESS _____

I, the undersigned understand that by providing my address, telephone numbers and email address I consent to receive communications from MARSHALL COUNTY BOARD OF REALTORS, THE ALABAMA ASSOCIATION OF REALTORS, and the NATIONAL ASSOCIATION OF REALTORS via any format.

Signature _____

Date _____

MARSHAL COUNTY BOARD OF REALTORS

AGREEMENT

BY MAKING MY DUES PAYMENT I HEREBY ACKNOWLEDGE THAT THE REALTOR MEMBERSHIP DUTIES TO WHICH I AGREED WHEN I ACCEPTED MEMBERSHIP.

INCLUDING MY DUTY TO ARBITRATE DISPUTES AS APPROVED BY THE CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF REALTORS AND IN THE GOVERNING DOCUMENTS OF THE MARSHALL COUNTY BOARD OF REALTORS

THIS THE _____ DAY OF _____

SIGNATURE _____

STATE OF ALABAMA

COUNTY OF MARSHALL

I, the undersigned, understand that part of my membership application requirement is to complete an online tutorial class - CODE OF ETHICS.

According to the bylaws of Marshall County of Board of REALTORS, this class must be complete within sixty (60) days of application for membership. Failure to complete the classes within the sixty days will result in the termination of my membership and THAT ANY DUES I PAID WILL NOT BE REFUNDED.

Also, this is to confirm that I have been given the instructions on the class.

Signed this the _____ day of _____ 20 _____.

Witness _____

STATE OF ALABAMA
COUNTY OF MARSHALL

I UNDERSTAND THAT SHOULD I CHANGE MY MIND,
NO MONEY WILL BE REFUNDED.

DONE THIS THE _____ DAY OF _____ 20 _____

SIGNATURE _____

WITNESS _____