

APPLICATION for *AFFILIATE* MEMBERSHIP

Lincoln County Board of REALTORS®

107 N Cedar St, Lincolnton, NC 28092

704-732-0906 lincolnncreators@gmail.com

I am applying for: Affiliate (individual) Corporate Affiliate

In applying for membership in the Lincoln County Board of REALTORS®, I have enclosed a copy of evidence of my affiliation with the qualifying entity and my APPLICATION FEE which is to be returned to me if my membership is denied (less a \$20.00 processing fee). If my application is accepted, I agree to abide by the Bylaws and Policies and Procedures available on our website www.lincolnncreators.com.

The APPLICATION FEE is a one time fee of \$75. Annual dues are \$150, pro-rated on the month of application.

In value received and in consideration of being granted affiliate membership in the Board, I irrevocably waive and release any claim or action against the Board or any of its officers, directors, or members taken in approving, not approving, advancing, suspending, expelling or otherwise disciplining me as an applicant or member of the Board. Further, as a condition of membership in the Board, I expressly waive any cause or 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

Name _____ Nickname _____

Title _____ License Number _____

Company Name _____

Address _____

Office phone _____ Mobile phone _____

Email _____ website _____

Type of business _____

Check one Sole Proprietor LLC Corporation DBA other

Additional contacts _____ Ph _____

_____ Ph _____

_____ Ph _____

_____ Ph _____

In applying for membership with the Lincoln County Board of REALTORS®, I understand with providing the information on this form, I **CONSENT** to receiving emails / phone calls / text messages 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 be sent to me via email or text, when possible, except when the Bylaws of the Lincoln County Board of REALTORS® stipulate notice be "mailed" or "in writing".

ALL APPLICANTS:

In order to consider your membership in the Board, the following information is requested. Please answer all questions.

1. Are you a member of any institute, society or council affiliated with the National Association of REALTORS®?

Circle: YES NO

If "yes", please indicate the name _____

2. Are you currently a member of another Board of Association affiliated with the National Association of REALTORS®?

Association/Board _____ type _____

Association/Board _____ type _____

3. If you are licensed, will you be engaged in real estate brokerage? YES / NO (circle)

4. If licensed, will you accept referral fees? YES / NO (circle)

5. Do you intend to join an Institute, Council or Society of NAR? YES / NO (circle)

6. Do you receive any compensation from the sale of real estate? YES / NO (circle)

7. Do you need a real estate license to perform your job or conduct company business? YES / NO (circle)

I agree to pay the established dues as long as I am a Member. My payment of dues will be paid no later than 45 days after the receipt of an invoice. In the event I have not paid the dues in the timeframe allowed, I acknowledge that my membership may be suspended and I will have to reapply. I understand that there is a \$20 fee for changing representatives. Dues may not be deductible as a charitable donation, but as an ordinary business expense.

I certify that all the 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 misstatement of fact, shall be grounds for revocation of my membership, if granted.

Date _____ Applicant's signature _____

CORPORATE AFFILIATES ONLY (to be completed by Supervisor or Manager)

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 , my Firm/Company may transfer our Member Representative for a fee of \$20.

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.

_____ Date _____

Supervisor
print name _____