

Northwest Montana Association of REALTORS®

110 Cooperative Way  
Kalispell, MT 59901  
406-752-4313 nmar.com

2008-2009 Application for NMAR Affiliate Membership

Terms of this agreement and membership obligations of the Code of Ethics of NAR are subject to arbitration in accordance with the Montana Code Annotated (Chapter 27 Title 5) and the procedures of NAR.

All applicants are required to complete SECTION I.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Business)

hereby apply for REALTOR® Affiliate Membership in the above named Association, and enclose my check in the amount of \$ 250, which I understand will be returned to me if I am not accepted to membership. If my application is approved, I agree as a condition of membership to complete the orientation course within 60 days. I agree 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 Association and the Constitution, Bylaws, and Rules and Regulations of the above named Association and the State Association (MAR). 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. **I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established.** Finally, I consent and authorize the Association to invite and receive information and comment about me from any Member, other person or licensing authority and I agree that any such information and comment furnished to the Association 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.

**NOTE: NMAR requires a photo ID presented in person by all applicants for membership. If a rare or extreme circumstance should arise that makes this not possible then the application will be considered by the Board of Directors with legal counsel's guidance and a letter from the applicant stating why it is not possible to appear with a photo ID. Lock box keys are not available to affiliate members.**

NOTE: Applicant acknowledges that if he/she is accepted into membership and subsequently resigns and is a non-member for one year or longer, membership application process, including payment of application fee, must begin anew.

NOTE: Dues payments to the Northwest Montana Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

NOTE: *If at any time after my acceptance into Northwest Montana Association of REALTORS®, a background check should disclose any unethical or adverse issue on my part, I understand that my membership could be terminated.*

**SECTION I**

I hereby submit the following information for your consideration:

Name \_\_\_\_\_  
(Please Print)

Specify (circle one):    Owner    Manager    Other \_\_\_\_\_

Home Address \_\_\_\_\_  
(City) (State) (Zip)

Work Phone and/or ext: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Work/Personal E-mail address** \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_  
(City) (State) (Zip)

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office E-mail address \_\_\_\_\_

**Are you a principal, partner, corporate officer, branch office manager or representative?** \_\_\_ Yes \_\_\_ No **If yes, you must also complete page 3 of this application.**

Are you presently a member of any other Association of REALTORS®? \_\_\_ Yes \_\_\_ No  
If yes, name of Association and type of membership held: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®? \_\_\_ Yes \_\_\_ No  
If yes, name of Association and type of membership held: \_\_\_\_\_

Are you a member of any other Real Estate board **NOT** affiliated with the National Association of REALTORS®? \_\_\_ Yes \_\_\_ No  
If yes, name of Board and type of membership held: \_\_\_\_\_

Are you a member of an Institute, Society, or Council affiliated with the National Association of REALTORS®? \_\_\_ Yes \_\_\_ No  
If yes, name of Association and type of membership held: \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct. 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. I will attend Association Orientation on \_\_\_\_\_ at 8:30 AM, which is held at the Association Office. I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Applicant's Signature)

**SECTION II**

This section must be completed by applicants for REALTOR® Affiliate Membership, who are **principals, partners, corporate officers, or individuals in positions of management control or are representatives of the company Principal.**

Company information:  Sole Proprietor  Partnership  Corporation  LLC (Limited Liability Company)  
 Other, Specify \_\_\_\_\_

Your position:  Principal  Partner  Corporate Office  Majority Shareholder  Branch Office Manager  Employee

Names of Partners/Officers of your firm:

_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)

Have you ever been refused membership in any other Association of REALTORS®? \_\_\_ Yes \_\_\_ No  
If yes, state the basis for each such refusal and detail the circumstances related thereto:

\_\_\_\_\_  
\_\_\_\_\_

Is the office address, as stated in **SECTION I**, your principal place of business?  Yes  No

List the names and addresses of all branch offices within the jurisdiction of the Association:

_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)
_____	_____
(Name)	(Address)

Are you or is any firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceeding or have you or any firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years?  Yes  No

If yes, specify the places(s) of such action, and detail the circumstances relating thereto.\*

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Applicant acknowledges that if the applicant or any firm in which the applicant is a sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been adjudged bankrupt in the past three (3) years, the Association may require as a condition of membership that the bankrupt applicant pay cash in advance for Association fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a “cash basis” from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

\*Attach a separate sheet if more space is needed.

Northwest Montana Association of REALTORS®, Inc  
110 Cooperative Way  
Kalispell, Montana 59901  
(406) 752-4197 FAX (406) 752-7834  
Email: [nmar@mlsnmar.com](mailto:nmar@mlsnmar.com)

**NMAR Affiliate Marketing Consent Form**

Name: \_\_\_\_\_

Office: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Personal/Work Phone: \_\_\_\_\_

Personal/Work Fax: \_\_\_\_\_

Personal/Work E-mail: \_\_\_\_\_

I understand that by providing the above mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communication from the Northwest Montana Association of Realtors, and their MLS, Montana Association of Realtors, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at the above number(s)/location(s).

Signature: \_\_\_\_\_ for Company \_\_\_\_\_  
(Name) (Company)

Date: \_\_\_\_\_