

Teton Board of REALTORS®

545 S. Willow Street, PO Box 3736, Jackson, WY 83001
307-739-1180 (tele) 307-734-7904 (fax) [E-MAIL: TBOR@TBOR.ORG](mailto:TBOR@TBOR.ORG)

APPLICATION FOR REALTOR® MEMBERSHIP

**Teton Board of REALTORS® reserves the right to verify any information contained herein, and may deny membership for reasons as specified in TBOR bylaws.*

TO: TETON BOARD OF REALTORS®

I, _____ hereby apply for Primary REALTOR® / Secondary REALTOR® Membership in the above named Association, 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 of membership, to complete the indoctrination/orientation course of the above named Association, and otherwise on my own initiative 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 Constitutions, Bylaws, and Rules and Regulations, and duty to arbitrate. I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate as applicable. 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 Association, 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 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: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association 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.

*I have read and agree to abide by the **Code of Ethics** of the National Association of REALTORS®.*

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

SIGNATURE

DATE

PERSONAL DATA

FULL NAME AS SHOWN ON LICENSE: _____
PLEASE PRINT

NAME AS YOU WANT IT TO APPEAR ON ROSTER: _____
PLEASE PRINT

GENDER: ___M ___F NICKNAME: _____ AGENT # _____
(ASSIGNED BY TBOR)

REALTOR® OFFICE NAME: _____

REALTOR® OFFICE ADDRESS: _____
STREET PO BOX #

CITY STATE ZIP CODE
() _____ () _____
OFFICE PHONE OFFICE FAX

VOICE MAIL E-MAIL ADDRESS ~ (REQUIRED)

HOME ADDRESS: _____
STREET PO BOX #

CITY STATE ZIP CODE
() _____ () _____
HOME PHONE CELL PHONE

PERSONAL E-MAIL ADDRESS (OPTIONAL) PERSONAL WEB SITE ADDRESS (OPTIONAL)

RESIDENT AT PRESENT ADDRESS SINCE: _____, _____.

PREVIOUS ADDRESS: _____
CITY & STATE

PLACE OF BIRTH: _____
(CITY OR COUNTY) STATE COUNTRY

DATE OF BIRTH: ___ / ___ / ___

LICENSE #: _____
(Attach a photocopy of your R.E. License to this application)

LICENSE EXPIRES: ___ / ___ / ___
[] BROKER [] SALESPERSON [] APPRAISER

[] YES [] NO DO YOU HAVE RECORD OF ANY RECENT OR PENDING BANKRUPTCY?
If "Yes", give details: _____

[] YES [] NO HAVE YOU EVER BEEN CONVICTED OF A FELONY?
If "Yes", give details: _____

PROFESSIONAL DATA

REALTOR® OFFICE NAME: _____

CHECK WHETHER: [] INDIVIDUAL [] DBA [] PARTNERSHIP [] CORPORATION

POSITION WITH FIRM: [] PRINCIPAL [] PARTNER [] CORPORATE OFFICER

[] TRUSTEE [] EMPLOYEE [] INDEPENDENT CONTRACTOR

[] OTHER: _____

In what phases of Real Estate do you specialize? _____

Professional Designations held? (please check all that apply)

- __ ABR __ ALC __ ARM __ AMO __ CAE __ CCIM __ CPM __ CRB __ CRS __ CRE
- __ CIPS __ GAA __ GRI __ LTG __ PRE __ RAA __ RCE __ SIOR

[] YES [] NO Are you actively engaged in the real estate business?

[] YES [] NO Do you hold yourself out to the general public as being actively engaged in the real estate business?

First entered the Real Estate business: _____, _____, at _____.
MONTH

[] YES [] NO Have you been engaged continuously in the business since then?
If "NO", during what years were you in the business? _____

How many years have you been active as a Salesman? _____ Broker? _____ Other? _____

First licensed in this state _____, _____, and continuously licensed since _____, _____.

[] YES [] NO Are you now employed or engaged in any other business or profession?

(Position and Location)

If applying for active membership, give name of Institution(s) in which you maintain your escrow or trustee account.:

_____, _____.

[] YES [] NO Do you hold, or have you ever held, a Real Estate license in any other state?

If "Yes", specify: _____

[] YES [] NO Has your Real Estate license, in this or any other state, been suspended or revoked?

If "Yes", specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

[] YES [] NO Are there now, or have there been within the past (5) years, any complaints against you or the firm with which you have been associated before any Real Estate regulatory agency or any other agency of government?

If "Yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.:

Applicants for Active membership, state name of each Principal, Partner, Corporate Officer, or Trustee of your firm: (give names of Senior Partners or Officers first)

You are authorized to refer to the following members of this Association who know me:

(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)

IF BROKER OF OFFICE:

YES NO Office in Business Zone?

YES NO Does your office comply with zoning requirements for its location?

Established in present location _____, _____. Last previous location _____.

YES NO Is the office address, as stated, your principle place of business?
If "NO", or if you have any branch offices, please indicate and give addresses:

YES NO Is this the office which should be used for billing purposes?
If "NO" please provide applicable office address:

**PLEASE INDICATE NAME OF RESPONSIBLE MEMBER (DR/DESIGNATED REALTOR®)_____

PLEASE ATTACH LIST OF ALL LICENSEES IN YOUR OFFICE AND INDICATE REALTOR® VS. NON – MEMBER STATUS

ASSOCIATION / BOARD DATA

YES NO Are you a member of any other Real Estate Association/Board whether or not affiliated with the National Association of REALTORS®?

IF YES:

Name of Assoc./Board: _____

Type of Membership held: _____ Time period of membership: from _____ to _____.

YES NO Have you previously held membership in any other Real Estate Association/Board?

IF YES:

Name of Assoc./Board: _____

Type of Membership held: _____ Time period of membership: from _____ to _____.

YES NO Did you have any unsatisfied debts or disciplinary action against you?

YES NO Have you taken a **New Member Orientation** Course?

If "Yes", date: _____. (Please provide documentation of such)

YES NO Have you ever been REFUSED membership in any other Real Estate Association/Board?

If "Yes", state basis for each such refusal and detail the circumstances related thereto: _____.

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, shall be grounds for revocation of my membership if granted. I agree that, if accepted for Membership in the Association, I shall pay the fees and dues as from time to time established.

Signature

Date