



Southeastern Border Association of REALTORS®

Monroe Office: 125 Cole Rd., Monroe MI 48162

Phone: 734-242-6866

Downriver Office: Horizon Building 20600 Eureka Rd., Suite 510, Taylor MI 48180

Phone: 734-287-8060

www.SEBrealtors.com

Office Application

Office Name: _____

MI LARA Office License #: _____

Date your Real Estate Office license was issued: _____

Broker's Name (as it appears on your LARA license): _____

MI LARA REALTOR® License #: _____

Date your Broker REALTOR® license was issued: _____

Your NRDS #: _____

Office NRDS #: _____

Office Phone #: _____

Office Fax #: _____

Office Address: _____

(Street Address, City, State, and Zip Code)

Office Website: _____

Are you a principal, partner, corporate officer or branch office manager? YES NO

Company information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)

Names of other Partners/Officers/ of your firm? _____ None

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, your principal place of business? YES NO

If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? YES NO

If so, where: _____

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? YES NO

If yes, provide details: _____

Have you or your firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime? YES NO

If yes, provide details: _____

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 further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Southeastern Border Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

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.

Brokers Signature: _____ Today's Date: _____

Please write the names below and license numbers of the salespeople presently with your firm:

The Broker or record must notify the Southeastern Border Association of REALTORS® **immediately** whenever a salesperson transfers or when a salesperson's license has been returned. **Please initial** _____

Agents Name

License NUMBER:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



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Office Dues:

- **The full amount for Office Dues: \$300.** The Broker of record is responsible for paying the Office Dues. The Office billing cycle will begin on July 1st and end on June 30th each calendar year at 4 p.m. The Office dues must be paid in full. Payments must be received no later than 4 p.m. on the due date. There is a \$50 late fee for dues paid after 4 p.m. on the due date.

I hereby apply as a FULL-SERVICE PARTICIPANT with the Southeastern Border Association of REALTORS® and the Southeastern Michigan Multiple Listing Service. I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, INCLUDING THE OBLIGATION TO ARBITRATE ANY FUTURE DISPUTES WITH ANOTHER Participant in accordance with the Southeastern Border Association of REALTORS® arbitration procedures. I also agree that I will abide by the Multiple Listing Service Rules and Regulations and Policies and Procedures as approved by the NATIONAL ASSOCIATION OF REALTORS®.

In consideration of the Southeastern Border Association of REALTORS® supplying the Multiple Listing Service (MLS) to us, the undersigned principal broker, (Participant) hereby guarantees payment on all debts for service or materials ordered by said firm. Participant agrees to pay to the Southeastern Border Association of REALTORS® and MLS any outstanding bills for service or materials supplied by the MLS according to the rules and regulations of the MLS during the time of said firm's participation and/or within thirty (30) days after notice of delinquency in the event of the firm's withdrawal from MLS.

Participant agrees to provide certification for payment of REALTOR® dues by any and all licensees to the Board/Association where their primary membership is held, prior to approval of this application. Participants agree to provide a list of all affiliated licensees and or certified or licensed appraisers within their firm, and hereby agrees to pay all applicable fees for these users/subscribers under the terms as noted in the Bylaws and Rules and Regulations of the service.

NOTE: Applicant acknowledges that if accepted as a Participant, and he/she resigns from membership in the MLS with an ethics complaint or arbitration request pending, the Board of Directors may condition the right of the resigning Participant to reapply for membership upon the 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 a Participant resigns without having complied with an award in arbitration, the Board of Directors may condition any reapplication of the former Participant upon his/her promise to pay the award, plus any costs that have previously been established as due and payable by the former Participant, provided that the award has not, in the meanwhile been otherwise satisfied.

Brokers Signature: _____

Today's Date: _____

CREDIT CARD or DEBIT CARD FORM

Due to liability issues the Southeastern Border Association of REALTORS® cannot accept credit card information over the phone.

Visa **Mastercard** **Discover** **American Express**

Payment amount of: \$ _____

Add 3% service fee: \$ _____

Total: \$ _____

Members Name: _____

(print)

Name on the Card: _____

Card Number: _____

3-digit security code on the back: _____

Expiration Date: _____

Home or Business Address that matches the credit card:

(Street Address, City, State, and Zip Code)

10 Digit Phone Number: _____

Members Email Address: _____

Members Signature: _____