

Application For Membership

To: Morgan County Association of REALTORS®.

I, _____
Hereby apply for Affiliate 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.

Mail check to: MCAOR, 1501 4th Ave SE, Decatur, al 35601

Your Office _____

Your office address _____

Office Phone # _____ Office Fax _____

Is the office address as stated, your principal place of business? _____

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

Residence Address: _____
Street Apartment

City State Zip Area code Phone Number

You are authorized to refer to the following references:

Name Address Area Code Phone Number

Name Address Area Code Phone Number

Name Address Area Code Phone Number

Do you have an active real estate license? Yes No

Are you a member of any other real estate Association/Board that is affiliated with the National Association of REALTORS®? Yes No

If yes list each board/association where membership is held, the type of membership held:

Have you previously held membership in any other real estate Association/Board?
Yes No

If yes list each board/association, type of membership held, the type of membership held and date membership was held

Have you ever been refused membership in any other real estate Association/Board?
Yes No

If yes state basis for each refusal and details related thereto:

In what phase of real estate do you specialize? _____

Have you participated in a Multiple Listing Service? Yes No

Where? _____

Are you now employed or engaged in any other business or profession? Yes No

Position and location

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, will be grounds for revocation of my membership if granted.

Applicant

Date