

SALT LAKE BOARD OF REALTORS®

MEMBERSHIP FORM

230 W Town Ridge Parkway Ste 100 Sandy UT 84070 (Phone: 542-8860) (Fax: 542-8871)

NEW — see rate chart for new agent fees **INACTIVE** drop from Bd — no fee ****HOLD** — License not active - submit with \$75 fee
(hold status may be used 1-3 yrs / \$75 per yr)

wishes to remain **NONMEMBER** for now (must pay \$410)

TRANSFER - complete entire form **REACTIVATE** — May need to pay dues - Must complete entire form

Legal NAME: _____ **NRDS # (If assigned by previous board)** _____
(as shown on real estate license)

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP** _____

Preferred MAILING ADDRESS for monthly magazine: HOME OFFICE **S. S. NUMBER:** _____

HOME PHONE: _____ **MOBILE PHONE:** _____

BIRTHDATE: _____ **REAL ESTATE LICENSE #** _____ **EXPIRES:** _____

EMAIL ADDRESS: _____

COMPANY NAME: _____ **SLBR OFFICE ID #** _____

COMPANY STREET ADDRESS: _____

BROKER'S SIGNATURE: _____ **NAME PRINTED:** _____

I, the undersigned, hereby apply for REALTOR® membership in the Salt Lake Board of REALTORS®. I agree as a condition of membership to complete the Orientation Course and Code of Ethics Course of the Salt Lake Board of REALTORS®, **within 60 days of joining**, and to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, the Code of Ethics and Arbitration Manual of the Board and the Constitutions, Bylaws and Rules and Regulations of the Board, the Utah Association of REALTORS® and the National Association. **I acknowledge that failure to complete the Code of Ethics class, Introduction to Forms class and Affiliated Service Class within 60 days will result in my termination of membership and I will forfeit my dues and application fee.** I further agree that my act of paying dues shall evidence my understanding and initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws and Rules and Regulations as from time to time amended. Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the association or otherwise caused membership to terminate with an ethics complaint pending, that Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel.

If applicant resigns or otherwise caused membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a Realtor. I irrevocably waive all claims against the Board or any of its officers, directors, members or staff, for any act in connection with the business of the Board, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term "REALTOR®" and return to the Board all certificates, signs, seals or other indications of membership in the Board, the Utah Association of REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®, and any other property of the Board in my possession.

AGENT SIGNATURE: _____ **DATE:** _____

TRANSFERRING OR TERMINATING:

NEW COMPANY NAME: _____ **SLBR OFFICE ID #** _____

NEW BROKER'S SIGNATURE: _____ **NAME PRINTED:** _____

PRIOR COMPANY NAME: _____ **SLBR OFFICE ID #** _____

PRIOR BROKER'S SIGNATURE: _____ **NAME PRINTED:** _____

** Please note that an agent will not be placed on **inactive status** until the records on the Division of Real Estate, Department of Commerce reflect inactive status. Please attach a date and received stamped copy of the card sent to the Real Estate Division to expedite inactive change request if submitting during Annual Dues collection time (October -December)**

IF FAXING FOR **NEW MEMBERS**: You MUST include your credit card info below:

Credit Card # _____ Expiration _____ CID# _____
SLBR USE ONLY
Date Rec _____ Amt Paid _____ payment type _____ Staff int. _____