



# Akron Cleveland Association of REALTORS®

**For Office Use Only**  
Date \_\_\_\_\_  
Rec. By \_\_\_\_\_  
NRDS# \_\_\_\_\_

## REALTOR® MEMBERSHIP APPLICATION

Select Application Type:     New Member     Transfer     Secondary

Name \_\_\_\_\_  
Please print as it appears on license

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Firm/Branch Name \_\_\_\_\_ Firm Phone \_\_\_\_\_

Firm Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Preferred mailing address:     Home     Office

License Number \_\_\_\_\_ Issuance Date of License \_\_\_\_\_

NRDS# (for secondary & transfer): \_\_\_\_\_

If you have a broker's license, when was it issued? \_\_\_\_\_

Would you like to be listed as a     Residential or     Commercial REALTOR® member?

**Note: to be listed as a commercial REALTOR®, 75 percent of your sales must be commercial.**

Yes     No    Are you now or have you ever belonged to another REALTOR® Board? If yes, which Board and when were you a dues paying member? \_\_\_\_\_

Yes     No    Do you currently hold any special designations? If yes, please list: \_\_\_\_\_

Yes     No    Do you have any disabilities which require special accommodation, including the provision of auxiliary aids and services? If so, please identify: \_\_\_\_\_

Yes     No    Has a complaint ever been filed against you with the Ohio Real Estate Commission? If yes, state nature, date and name of person(s), who filed it (if known): \_\_\_\_\_

Languages other than English \_\_\_\_\_

Which MLS will you be joining:     CRIS     NORMLS

Please read the following information and sign below:

1. I have read and understood NAR's Code of Ethics?  Yes  No  
Please visit <http://www.realtor.org/governance/governing-documents/the-code-of-ethics>.
2. By providing e-mail, language and other numbers, you agree that ACAR may use them for publication, including the association's website. E-mail addresses will be used for ACAR communications only. We will not supply your e-mail address to any other party. Upon signing this application, you allow ACAR to send you unsolicited faxes to the number supplied on this application, or updated fax number(s) given in the future, for upcoming ACAR events, education classes or other ACAR related business.
3. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, including the obligation to arbitrate any further disputes with another member in accordance with the Association's arbitration procedures. I also agree to abide by the Bylaws and Rules & Regulations of the Akron Cleveland Association of REALTORS®, the state association, and the national association, and if required, I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination on such code, bylaws, and rules & regulations. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any actions by me for slander, libel, or defamation of character.
4. I further acknowledge that if accepted as a Member and I subsequently resign or am expelled from membership in the Board with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon verification that I will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if I resign or am expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon my 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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Payment Type for ACAR:  Cash  Check  Visa  MasterCard  Discover  AMEX

Payment Type for CRIS:  Cash  Check  Visa  MasterCard  Discover  AMEX

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV: (3 digit on back) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Akron Cleveland Association of REALTORS®**  
One Central Location to Serve You!

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Broadview Heights, OH 44147  
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Fax 216-901-0149  
*info@akronclevelandrealtors.com*