

DAYTON AREA BOARD OF REALTORS®

APPLICATION FOR REALTOR® MEMBERSHIP

I hereby make application for Membership in the DAYTON AREA BOARD OF REALTORS ®. In the event I am admitted to membership, I agree to abide by the Constitut ion, rules, regulations and policies of the DAYTON AREA BOARD OF REALTORS® and agree to adhere to the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS ®. I understand that my annual local dues will be \$200. In addition, I understand my annual dues for the Ohio Association of REALTORS® will be \$110, and my annual dues including assessment for the National Association of REALTORS® will be \$115.

Furthermore, I agree to arbitrate all disputes between myself and other REALTORS® and the public in accordance with the Constitution of the Board.

Upon the termination of membership for any cause, I will immediately discontinue using the term REALTOR $\! \otimes \! .$

I understand that I am not eligible for REALTOR® Membership in the DAYTON AREA BOARD OF REALTORS® until I successfully complete the Board's Orientation Program.

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Home Address		City Zip
Primary Phone	E-Mail Addres	s (REQUIRED)
License File No	Date of Issuance	Date of Birth
Name of Firm	Phone	Fax
Address	City	State Zip
Are you employed or en	gaged in any other business?Ye	s No
If yes, give nature of em	ployment or other business	
How long have you beer	n engaged in the real estate business? Salesma	nn Broker Appraiser
-		resNo If yes, what state?
Which professional design	gnations, if any, do you hold?	
	gnations, if any, do you hold?	
Which professional designation of occupation	gnations, if any, do you hold?on for last five years:	
Which professional designation of occupation	gnations, if any, do you hold?on for last five years:	ess Date of Employment
Which professional designation of occupation	gnations, if any, do you hold?on for last five years:	ess Date of Employment

	ssociation of REALTORS®? If so, please list:	
	D' D 10	
	ur Primary Board?embership in any other real estate board?	
=	emocismp in any other real estate board?	
s, where and when:	(Name of Board and Location	
Is the business add If your answer to t	LS ONLY (BROKER/OWNERS, CERTIFIED/Idress, as stated, your principal place of business?the foregoing question is "no", or if you have any business.	Yes No No ranch offices please designate and give
Do you have any s	Individual Partnership Lacksales agents who below to another Board/Association	on? Yes No
Do you have any s		on? Yes No
Do you have any s	sales agents who below to another Board/Association	on? Yes No
Do you have any s If so, which Board	Staff Hea Only	Date Date Date 1
Do you have any s If so, which Board	Signature of Applicant Signature of Applicant If or e-mail Kathleen Pitchel, Membership Coordinated Staff Use Only ————————————————————————————————————	Date Date Date Date

