



Commercial Board of REALTORS®

(810) 603-0676 nancy@cbor.net

Application for REALTOR® Membership

I hereby apply for REALTOR® membership in the Commercial Board of REALTORS® (CBOR). I agree as a condition to membership to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Board/Association and the Constitution, bylaws, and Rules and Regulations of the Commercial Board of REALTORS®, the MICHIGAN REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®. Upon expiration of said membership for any cause, I will return to the Board/Association all certificates, signs, seals, or other indications of membership in the Board/Association, the MICHIGAN REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®.

Member Information:

Name As It Appears on License: (please print) _____

Date of Birth: _____ License#: _____

Office Information:

Company Name: _____

Street: _____ Suite#: _____

City/State/ZIP: _____

Office Phone: _____ Fax: _____

Company Website: _____

E-Mail Address: _____

Residence Information:

Street: _____ Apt#: _____

City/State/ZIP: _____

Home Phone: _____ Fax: _____

Type of Membership:

Primary REALTOR® _____

Secondary REALTOR® _____

Affiliate _____

Dues Paid: \$ _____

Professional Designations (i.e. CCIM):

Other REALTOR® Board Memberships:

After completing the above information and signing the agreement at the bottom, please email this application WITH A COPY OF YOUR LICENSE to: nancy@cbor.net.

No board/Association dues are refundable upon membership acceptance by the Board of Directors. By becoming and remaining a member and by my signature below, I agree to submit to arbitration by the Board's/Association's facilities all disputes with any other REALTOR® as defined by the Code of Ethics and as set forth in the provisions of the NAR Ethics and Arbitration Manual, as revised. I hereby certify that all statements included in this application are true and correct to the best of my ability. Misrepresentations may be grounds for denial of membership.

Date: _____ **Signature:** _____

Payment Method:

Invoice to pay online (Note: membership processed on receipt of payment)

VISA/MasterCard/American Express/Discover

Card #: _____ Exp. Date: _____

Name As it Appears On Card: _____ Sec. Code: _____

Billing Street Address: _____ Billing Zip: _____

Signature: _____ **Date:** _____