



**Commercial Board of REALTORS®**  
5349 Old Franklin Road, Grand Blanc, MI 48439  
(810) 603-0676 Fax (810) 603-0677

**Application for REALTOR® Membership**

I hereby apply for REALTOR® membership in the Commercial Board of REALTORS® (CBOR) enclosing my check or VISA/MasterCard/American Express to be returned or refunded to me in the event of a lack of qualification for membership. In the event my application is approved, 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 ASSOCIATION OF 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 ASSOCIATION OF REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®.

**Member Information:**

Ms.  Miss  Mrs.  Mr.  
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 return this application WITH A COPY OF YOUR LICENSE to: Commercial Board of REALTORS® (CBOR): 5349 Old Franklin Rd., Grand Blanc, MI 48439**

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:**

Check Payable to: CBOR

VISA/MasterCard/American Express Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name As it Appears On Card: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_