



Lafayette Regional Association of REALTORS® , Inc.

1415 Union Street

Lafayette, IN 47904

Phone: 765-429-5411

Fax: 765-429-5637

Application for REALTOR® Membership

Select membership classification:

- Designated REALTOR®** Broker or appraiser who is licensed and has fulfilled membership requirements in a local, state and national Board of REALTORS®
- REALTOR®** Broker, salesperson or appraiser, licensed and/or certified, who is associated with a Designated REALTOR® and had fulfilled membership requirements in local, state and national Board of REALTORS®
- MLS Non-Member Subscriber – Full Access**
To receive MLS, Declaration of Primary membership in the State of Indiana must be completed by primary board and faxed to LRAOR. Non-member one year service agreement is required.
- MLS Non-Member Subscriber – Limited Access.** Search capabilities only, no input.
To receive MLS, Declaration of Primary membership in the State of Indiana must be completed by primary board and faxed to LRAOR. Non-member one year service agreement is required.

Complete the Designated REALTOR® application form

Include the following:

- Completed Membership form
- Copy of license
- Membership dues
- Token & Keypad fees

Orientation is mandatory and is required to be completed within 12 months of membership. These are held at the Lafayette Board office and are offered twice a year.

I am applying for LRAOR to be my:

- Primary Board**
- Secondary Board**
If LRAOR will be your secondary board, Declaration of Primary membership in the State of Indiana must be completed by primary board and faxed to LRAOR.



Please complete and return with a copy of your license or certification, association entry fee and dues.

I hereby submit the following information for your consideration:

1. Name _____
2. Name of Firm: _____
3. Office Address: _____
4. City/State/Zip: _____
5. Office Phone: _____ Office Fax: _____
6. What type of license do you hold with the Indiana Real Estate Commission? _____

If you do not yet have you license, have you applied? Yes _____ No _____

Real Estate License Number and Expiration Date: _____

7. Email Address: _____
8. Cell Phone: _____ Other: _____
9. NRDS number if one has been previously assigned: _____
10. Have you ever been a member of LRAOR? Yes _____ No _____ If yes, what year(s)? _____
11. Have you held or do you hold membership in any other Board of REALTORS®?
Yes _____ No _____

12. *Has your membership in a Board of REALTORS® ever been refused, suspended or terminated (voluntary or involuntarily?) Yes _____ No _____ If yes, what Board(s), type of membership and year? Please attach additional page (numbered 12) with explanation.*

13. *Real Estate Designations* _____

14. *Has your real estate license, in this or any other state, ever been suspended or revoked? Yes _____ No _____ If yes, attach additional page (numbered 14) and explain in full.*

15. Are there any unresolved complaints against you before the Indiana Real Estate Commission or any other real estate commission? Yes ___ No ___ If yes, attached additional page (numbered 15) and explain in full.

16. Are there any complaints, charges or actions against you (in the last three years) by any civil rights agency, consumer protection agency or any other agency, board or commission? Yes ___ No ___ If yes, attach additional page (numbered 16) and explain in full.

17. Have you been convicted of a felony (in the last three years) which would violate the public trust? Yes ___ No ___ If yes, attach additional page (numbered 17) and explain in full.

18. Are there currently any civil or criminal suits pending against you? Yes ___ No ___ If yes, attach additional page (numbered 18) and explain in full.

19. List three real estate licensees (not associated with your firm) with whom you have had cross-transactions and the name and the phone number of the firm with which each is associated. (If you have had no cross-transactions, please list three business or personal references.)

Name

Company

Phone

MEMBER INFORMATION

Agent Number: _____

Name: _____

Home Address: _____

City, State, Zip: _____

License and/or Certificate Number: _____

Expiration Date: _____

Email Address: _____

Preferred Contact Number: _____

Home Number: _____

Cell Phone: _____

Direct Number: _____

Pager Number: _____

Home Office Number: _____

Toll Free Number: _____

Languages Spoken Fluently (other than English): _____

Office information

Principal Broker/ Designated REALTOR®	Office Phone:
Company Name:	Office Fax:
Office Address:	City/State/Zip:
Misc. Information:	

The Principal/Managing Broker must sign this application prior to submitting this to LRAOR for membership.

Signature: _____ ***Date*** _____
Principal / Managing Broker

I, _____, hereby apply for REALTOR® (primary, secondary or Designated) membership in the Lafayette Regional Association of Realtors, Inc. and enclose my check in the amount of \$_____ which I understand will be returned to me only in the event that I am not accepted to membership. In the event my application is approved, I agree, as a condition of membership, to complete the LRAOR New Member Orientation within the next 12 months and, on my own initiative, 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 Professional Standards Training Manual of the NATIONAL ASSOCIATION OF REALTORS®. I FURTHER AGREE THAT MY ACT OF PAYING DUES SHALL EVIDENCE MY INITIAL AND CONTINUING COMMITMENT TO ABIDE BY THE AFOREMENTIONED Code of Ethics, Constitution, Bylaws, Rules and Regulations duty to arbitrate, all as from time to time amended. Finally, I consent that authorize LRAOR, through its membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to LRAOR by and Member or other person in response to such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, defamation of character, invasion of privacy, or any type of civil cause of action, in law or in equity.

I FURTHER AGREE to waive any and all claims or causes of action, legal or equitable, which I may have in the future against LRAOR, IAE, NAR, or any of their officers, directors, members, employees or agents, arising out of any fine, suspension, termination of membership or any other discipline or decision that may be imposed upon me for violating any of the duties assumed by me pursuant to the terms of this agreement as outlined herein.

I FURTHER AGREE to pay reasonable attorney fees, court costs and other expenses incurred by LRAOR if it becomes necessary for LRAOR to engage in litigation to collect any monies owed by me to LRAOR. To conduct my real estate business in compliance with the Code of Equal Opportunity of NAR, national laws and court decisions affecting equal rights, state laws and court decisions affecting equal rights, and local ordinances and guidelines affecting equal rights.

Note: Payments to LRAOR are not deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses. Check with your tax attorney. No refunds are issued.

I hereby certify that the foregoing information furnished is true and correct, and I agree that the failure to provide complete and accurate information as requested, or any misstatements of fact, shall be grounds of revocation of my membership.

Signature _____ Date _____