

REALTOR® Application For Membership

651 Orchard Street, Suite 101 New Bedford, MA 02744 22 Sherwood Drive Taunton, MA 02780

(508) 993-0406 * Fax (508) 993-4386

I hereby apply for membership to the REALTOR® ASSOCIATION OF SOUTHEASTERN MASSACHUSETTS. I agree, as a condition of membership, to complete the online New Member Code of Ethics training and the Orientation Program offered by RASEM. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Association's constitution, bylaws, rules and regulations and the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®. This will include the obligation to arbitrate controversies arising out of real estate transactions as specified by the Code of Ethics, and as further specified in the *Code of Ethics and Arbitration Manual* of the NATIONAL ASSOCIATION OF REALTORS® as from time to time amended. I irrevocably waive all claims against the Association or any of its officers, directors, or members for any act in connection with the business of the Association and particularly as to electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term REALTOR®.

Name				
(First)	(M.I.)	(Last)		
Real Estate License No.				
Type of License: [] R.E. Broker [] R.E. Salesperson		Expiration Date _		
Address of Residence				
(street or P.O.	Box)	City	Zip Code	
E-mail Address		Contact Phone No.		
Name of Firm If associate, this refers to office you are a	associating with.)			
Address of Firm(street or P.O. Box)		City	Zip Code	
Business Phone No.		Business Fax No		
Correspondence should be mailed to	spondence should be mailed to [] Home Address		[] Business Address	
References: You are authorized to refer	to the following:			
REALTOR® Sponsor	Address		Phone	
			Complete back of form	

Are you currently a member of any other Re	al Estate Association/Board?			
If yes, name of Association/Board				
Have you <u>previously</u> held membership in the or any other Real Estate Association?		UTHEASTERN MASSACHUSETTS		
If yes, name of Association	from	to		
What is your NRDS Membership number?		(approximate dates of membership) —		
REALTOR® Principal Applicants Only:				
Structure of Firm: [] Individual []	DBA [] Partnership [] C	Corporation		
List Names of Partners, Associates, or Offic	eers (if a Corporation)			
(Give n	ames of Senior Partners or Offic	ers first)		
In what other business have you been eng	aged?			
name of business	from to dates in business	at location of business		
		at		
Established in present business location	Resider date	nce held here since date		
Previous Residence				
It is understood that this application and fed and the NATIONAL ASSOCIATION OF REALTO		the Massachusetts Association of REALTORS®		
		ALTOR® dues as determined by the vithin 30 days of receiving my invoice.		
I understand that once I have been electe orientation program offered by the Associat	• •	plete the online Code of Ethics training and embership process.		
= = = = = = = = = = = = = = = = = = = =	o acknowledge being informed	d the information provided by me is true and that access to the documents mentioned in		
Signature of Applicant	Da	ate		
Please email application to Anne Arruda, anne@rasem.realtor or fax to (508)993-4386				