



## Caldwell Board of REALTORS®

### **APPLICATION FOR REALTOR® MEMBERSHIP**

I hereby apply for REALTOR® Membership in the Caldwell Board of REALTORS® (ECBR), enclosing payment in the amount of \$\_\_\_\_\_ for my dues payable to **S.A.M. (Stone Association Management)**. I understand that my dues are nonrefundable. I will attend orientation within 120 days of ECBR's confirmation of membership or the next available. Failure to meet this requirement may result in having my membership terminated. I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, which includes the duty to arbitrate (or to mediate if required by the board) and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the board's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the board's bylaws as a continued condition of membership

\*Amount shown is prorated for National and State dues according to month joining unless membership was held the previous year. I hereby submit the following information for your consideration:

<b>INFORMATION TO BE SUPPLIED BY LOCAL BOARD</b>
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JOIN DATE: \_\_\_\_\_

NRDS# \_\_\_\_\_

#### **PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Real Estate License # \_\_\_\_\_

#### **COMPANY INFORMATION:**

Office Name: \_\_\_\_\_

Location: Branch: \_\_\_\_\_

**PREFERRED MAILING/CONTACT INFORMATION:**

Preferred Phone: Cell Office Home (circle one)

Preferred Mailing: Home Office (circle one)

**APPLICANT INFORMATION: (Do not answer the following 3 questions if you answer No.)**

1. Are you currently or have you previously been a member of this or any other Association of REALTORS®? Yes No (circle one)

If yes, name of Association \_\_\_\_\_ NRDS# \_\_\_\_\_

2. Last date (year) of completion of NAR’s Code of Ethics training requirement: \_\_\_\_\_

3. Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past 3 years or are there any such complaints pending? Yes No

(If yes, provide details.) \_\_\_\_\_

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and membership annually per calendar year. NOTE: Payment to the Elmore County Board of REALTORS® is not deductible as a charitable contribution. Such payments may, however, be deductible as an ordinary and necessary business expense.

As a Member of ECCR we will communicate with you through email and our website [www.elmorecountyrealtors.com](http://www.elmorecountyrealtors.com).

The Board does not sell or share member email lists with third parties. By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Board(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**RETURN THE ABOVE FORM AND PAYMENT TO:**

S.A.M.

c/o Jill Stone

1411 N. College Rd. Ste. 200

Twin Falls, ID 83301

If you want to pay by Credit Card contact Jill Stone. (There is a 4% convenience fee.)

If you have any questions, please contact Jill Stone at 208-420-2685 or email at [jillstone99@gmail.com](mailto:jillstone99@gmail.com)

**Caldwell Board of REALTORS® DUES**

**New REALTOR® Members:**

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
NAR	\$155.00	\$145.00	\$135.00	\$125.00	\$115.00	\$105.00
IR	180.00	165.83	151.67	137.50	123.33	109.17
CBOR	160.00	146.67	133.34	120.01	106.68	93.35
New Member Fee	25.00	25.00	25.00	25.00	25.00	25.00
<b>TOTAL</b>	<b>\$520.00</b>	<b>\$482.50</b>	<b>\$445.01</b>	<b>\$407.51</b>	<b>\$370.01</b>	<b>\$332.52</b>

  

	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
NAR	\$95.00	\$85.00	\$75.00	\$65.00	\$55.00	\$45.00
IR	95.00	80.83	66.67	52.50	38.00	24.17
CBOR	80.02	66.69	53.36	40.03	27.70	13.37
New Member Fee	25.00	25.00	25.00	25.00	25.00	25.00
<b>TOTAL</b>	<b>\$295.02</b>	<b>\$257.52</b>	<b>\$220.03</b>	<b>\$182.53</b>	<b>\$145.70</b>	<b>\$107.54</b>

\*IR/PS FEE – Idaho REALTORS® Professional Standards Fee is Mandatory

If you join on or after October 15th the initial dues payment amount will also include the next years Membership dues including NAR, IR and CBOR.