## **GREATER MILWAUKEE ASSOCIATION OF REALTORS®**

Application for Membership

Please select one:

- **New Member: Designated REALTOR® or REALTOR®** (Please circle one)
- □ Transfer of REALTOR<sup>®</sup> or Designated REALTOR<sup>®</sup> Membership from another Board of REALTORS<sup>®</sup>
- **General Secondary Membership (only for a current member of another local Wisconsin Board of REALTORS®)**
- I, hereby apply for membership in the above named Association. I understand

(Please print first, middle initial, last name)

that upon receipt of this application the Association will provide full membership benefits. I agree that my act of paying dues shall evidence my continuing commitment to abide by the Code of Ethics, Constitutions, Bylaws, Rules and Regulations of the Association and duty to arbitrate, all as from time to time amended. *All new applicants shall attend a new member orientation class within 90 days*. Finally, I consent that and authorize the Association 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 the Board by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.\*

I hereby submit the following information for your consideration (bolded items are required):

Nickname:	Designations:		
Home Address:			
Home City:	State:	ZIP Code:	
Home Phone:	Home Fax:		
Birthdate:// Sex: M/F (c	circle one)		
Real Estate License # <u>OR</u> Appraiser Li	cense or Certification #:		
Current Primary or Former REALTOR®	Association/Board:	NRDS #	
Have you ever been refused membershi	ip in any real estate board? No	Yes (If "Yes," please explain on a separate sheet.)	
Company Name:			
Company Address:			
Company City:	State:	ZIP Code:	
Company Phone:	Fax:		
Agent Cell phone:	<u>VM:</u>		
Agent E-mail Address:	Web address:		
Where would you prefer your mail be s	ent? Home Company		
	ocation of my membership, if granted. I agree e established.**	complete and accurate information as requested, or any e that, if accepted for membership in this Association, I	
Amount enclosed: \$ (Dues,	(Applicant's signature)	are non-refundable. No EXCEPTIONS.)	
$\Box$ Check (Please make checks payable to	GMAR)		
□ Master Card or Visa:		Exp. Date	
	esses are used for GMAR and WRA mem	DRS <sup>®</sup> at 414-778-4929. All information will be sent to bership updates as well as listing on WRA and NAR .	
Please send application AND PAYMEN		cessing Center, 201, Madison, WI 53704-7337	

\* Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Fax: (608) 241-2901

Email: Deb McNelly: dmcnelly@wra.org or Michelle Kohn: michelle@gmar.ws

\*\* Dues to the Greater Milwaukee Association of REALTORS<sup>®</sup> are not tax deductible as a tax charitable contribution for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of Association lobbying activities.