



**CLINTON COUNTY BOARD OF REALTORS®**  
**APPLICATION FOR REALTOR® MEMBERSHIP**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To the Clinton County Board of REALTORS® (CCBR), I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of **\$ 500.00 for a one time application fee. I understand that as part of my membership, I agree to pay Annual Dues to NAR, NYSAR and CCBR in the amount determined by NAR, NYSAR and the CCBR Board (pro-rated per month of application) and Annual Fees to the ACVMLS in the amount determined by the MLS Board (pro-rated per month of application).** My application fee and dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory examination as required on such Code, Constitutions, Bylaws and Rules and Regulations. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to privileged and not form the basis of any action by me for slander, libel, or defamation of character. I understand membership brings certain privileges and obligations that require compliance. Membership is provisional and may be revoked should completion of requirements, such as the orientation, not be completed within times indicated in the Bylaws.

***NOTE:** Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board/Council or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.*

Real Estate License # (Unique ID): \_\_\_\_\_ **(Please attach copy of license)**

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

Office Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please indicate the email and telephone number(s) you would like entered in the Multiple Listing Service.**

Do you hold yourself out to the general public as being actively engaged in the real estate business? Yes/No \_\_\_\_\_

Questions 1-3 are not used as criteria for membership, but used to establish historical and demographic and membership interest data.)

1. Highest level of education completed: \_\_\_\_\_

2. In what other business(es) have you been engaged? \_\_\_\_\_

3. Are you now employed or engaged in any other business? \_\_\_\_\_ If yes, where? \_\_\_\_\_

4. How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_

5. Are you a member of any other real estate Board/Council of REALTORS®? \_\_\_\_\_

If yes, name of Board/Council and type of membership held: \_\_\_\_\_

6. Have you previously held membership in any other Board/Council? \_\_\_\_\_

If yes, name of Board/Council and type of membership held: \_\_\_\_\_

If you are now or have ever been a REALTOR®, indicate your NAR membership (National REALTORID)

# \_\_\_\_\_

**DESIGNATED BROKERS/BRANCH MANAGERS please complete the following information.**  
**Other applicants proceed to signature block.**

Does your office comply with Department of State requirements? Yes/No \_\_\_\_\_

Company information: \_\_\_ Individual \_\_\_ DBA \_\_\_ Partnership \_\_\_ Corporation

Your Position: \_\_\_ Principal \_\_\_ Partner \_\_\_ Corporate Officer \_\_\_ Trustee \_\_\_ Employee  
\_\_\_ Independent Contractor \_\_\_ Other: \_\_\_\_\_

Names of Principals/Partners/Officers/Trustees of your firm: \_\_\_\_\_

Have you ever been refused membership in any other real estate Board/Council? Yes/No \_\_\_\_\_

If yes, state the basis for each such refusal and detail the circumstances related thereto: \_\_\_\_\_

Is the Office Address, as stated, your principal place of business? Yes/No \_\_\_\_\_

If not, or if you have any branch offices, please indicate and give address: \_\_\_\_\_

Principals, please list institution in which you maintain your escrow account: \_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? \_\_\_\_\_ Name of State: \_\_\_\_\_

Have there been any complaints, within the last five years, against you or the firm with which you are associated?

\_\_\_\_\_ If so, please specify: \_\_\_\_\_

**ALL APPLICANTS:**

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 dues as from time to time established. **NOTE:** Payments to the Clinton County Board of REALTORS® are not deductible as charitable contribution. Such payments may, however, be deductible as an ordinary and necessary business expense. Dues and MLS fees are not refundable after membership approval.

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

**Mail to:** Clinton County Board of REALTORS®, 25 Margaret Street, Suite 2, Plattsburgh, NY 12901  
**Phone:** (518) 561-8777 **Fax:** (518) 561-0107 **E-mail:** [admin@cubr.us](mailto:admin@cubr.us)