



REALTOR® Membership Application Manhattan Association of REALTORS®

205 S. Seth Childs, Manhattan, KS 66502 (785) 776-1203 Phone (785) 776-1236 Fax

Please complete application and return with a copy of your license or certification.

Check membership type desired: Designated REALTOR® (Principal Broker) REALTOR®

MAR will be my: Primary Association

Secondary Association (My Primary Association is _____)

Name: _____

Name of Firm: _____

Office Address: _____

City County State Zip

Office Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Office Fax: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____ Website: _____

Home Address: _____

City State Zip

What type of license do you hold with the Kansas Real Estate Commission or Kansas R.E. Appraisal Board?

License Number(s): _____ Date License was issued: ____/____/____

Date of Birth: _____

In which of the following categories of real estate will you be actively engaged:

Residential Commercial Appraisal

Have you ever been a member of MAR? Yes; what year(s)? _____ No

Have you held or do you hold Membership in another Association of REALTORS®? No

Yes; what Association(s), type of Membership and Year(s)? _____

If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: _____

Has your membership in an Association of REALTORS® ever been (voluntarily or involuntarily) refused, suspended or terminated? Yes; attach additional page and explain in full No

Board Use:

Agent NRDS # _____ Office NRDS# _____ RPAC _____ Completed ____/____/____

Previous Work Experience:

In what other business have you been engaged in the last five years? _____

Are you now employed or engaged in any other business? If yes, where? _____

I, _____ hereby apply for Membership as indicated in the Manhattan Association of REALTORS®, Inc. (MAR) and submit my check/cash in the amount of \$_____ which I understand will not be returned to me. In the event my application is approved, I agree, as condition of Membership to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business in accordance with the Code of Ethics and Professional Standards Training Manual of the National Association of REALTORS® and the Constitution, Bylaws, Rules and Regulations of MAR, the Kansas Association of REALTORS® and the National Association of REALTORS®. I further agree that my act of paying dues shall be evidence of my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitution, Bylaws, Rules and Regulations and duty to arbitrate, all as from time to time amended.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicants 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®.

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 misstatement of fact, shall be grounds for revocation of my Membership.

Signature: _____ Date: _____ / _____ / _____

Please Note: Application Fees/Dues are non-refundable.

FOR ASSOCIATION OFFICE USE ONLY

Form of payment: Check # _____ Cash Receipt # _____ Amount \$ _____