



APPLICATION FOR MEMBERSHIP

SECONDARY REALTOR® / BROKER

I hereby apply for REALTOR® Membership in the **Greater Baltimore Board of REALTORS®**.

Dues: Enclosed is payment in the amount of \$_____ (see page 3) payable directly to the Greater Baltimore Board of REALTORS®(GBBR). I understand that my dues will be returned to me in the event of non-election.

I hereby submit the following information for consideration of my application. (If additional detail is needed, please include separate documentation.)

PERSONAL INFORMATION:					
First Name		Middle Name			
Last Name		Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Other.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Primary Field of Business:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other_____				
Primary E-mail:			Secondary E-mail:		
NAR Membership # (NRDS):			Real Estate License #:		
License Expiration Date:			Date of Birth (mm/dd/yy):		

PREFERRED MAILING/CONTACT INFORMATION:	
Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell	Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office
Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail	
<input type="checkbox"/> Yes <input type="checkbox"/> No I give permission to GBBR to send text messages to my above listed cell phone number (estimated yearly messages less than 15)	

COMPANY INFORMATION TO BE COMPLETED BY BROKER/ MANAGER:	
Office Name:	
Office Address:	
Office Phone:	Fax:
Your position: <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder <input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other	
I (the Designated REALTOR® / Office Manager / Broker) have carefully reviewed this application and the membership information contained herein and have determined it to be true and correct to the best of my knowledge.	
Broker/Manager Name:	
Broker/Manager Signature:	

APPLICANT INFORMATION:					
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, name of Association					
Type of membership held:					
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
Are you a party to pending arbitration request? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
Do you have any unpaid arbitration awards or unpaid financial obligations to another association of REALTORS® or an Association MLS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details.					
Last date (year) of completion of NAR's Code of Ethics training requirement:					
Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state the basis for each such refusal and detail the circumstances related thereto:					
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, or if you have a branch office, please provide that address:		Address:			
		City:		State:	
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where:					
Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					
Within the last ten years, have you been: 1) convicted of a crime or imprisoned in excess of one year or 2) been released from confinement imposed for that conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide details:					

¹ Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

NEW SECONDARY MEMBER DUES STRUCTURE -2023/2024

June 1, 2023 to June 30, 2024

Joining Month	GBBR Local Dues	Total	2023 MD State Dues*	2024 MD State Dues*	Total including Optional MD State Dues
June	\$ 175.00	\$ 175.00	\$ 64.00	\$ 131.00	\$ 370.00
July	\$ 175.00	\$ 175.00	\$ 64.00	\$ 131.00	\$ 370.00
August	\$ 160.00	\$ 160.00	\$ 64.00	\$ 131.00	\$ 355.00
September	\$ 145.00	\$ 145.00	\$ 64.00	\$ 131.00	\$ 340.00
October	\$ 130.00	\$ 130.00	\$ 64.00	\$ 131.00	\$ 325.00
November	\$ 115.00	\$ 115.00	\$ -	\$ 131.00	\$ 246.00
December	\$ 100.00	\$ 100.00	\$ -	\$ 131.00	\$ 231.00
January	\$ 85.00	\$ 85.00	\$ -	\$ 131.00	\$ 216.00
February	\$ 70.00	\$ 70.00	\$ -	\$ 131.00	\$ 201.00
March	\$ 55.00	\$ 55.00	\$ -	\$ 131.00	\$ 186.00
April	\$ 40.00	\$ 40.00	\$ -	\$ 131.00	\$ 171.00
May	\$ 25.00	\$ 25.00	\$ -	\$ 65.50	\$ 90.50

Dues amounts are subject to change and are non-refundable.

2024/2025 GBBR and Maryland REALTORS® dues will be invoiced in June and due on July 31, 2024.

** If your primary membership is not within the state of Maryland, the MAR dues are optional. If your primary membership is within the state of Maryland the MAR dues are waived.*

Qualification for Membership: If elected to membership, 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) and the Constitution, Bylaws and Rules and Regulations of GBBR, the State Association and the National Association. I also understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors of GBBR and may be revoked should completion of any membership requirement(s), such as orientation, not be completed within the timeframe established in the association’s bylaws. I further understand that I will be required to complete periodic Code of Ethics training as specified in the association’s bylaws as a continued condition of membership.

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 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®.

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 GBBR, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. **DUES ARE NON-REFUNDABLE.**

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 Association(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.

Signature of Applicant: _____ Date: _____

PAYMENT INFORMATION			
Total Payment Enclosed:			
Check or Credit Card Number:			
Expiration Date:		Security Code:	
Card Holder's Name:			
Billing Address:			

INFORMATION TO BE SUPPLIED BY LOCAL ASSOCIATION
NRDS #: