



REALTOR® Application For Membership

651 Orchard Street, Suite 101
New Bedford, MA 02744

22 Sherwood Drive
Taunton, MA 02780

(508) 993-0406 * Fax (508) 993-4386

I hereby apply for membership to the REALTOR® ASSOCIATION OF SOUTHEASTERN MASSACHUSETTS. I agree, as a condition of membership, to complete the online New Member Code of Ethics training and the Orientation Program offered by RASEM. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Association's constitution, bylaws, rules and regulations and the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®. This will include the obligation to arbitrate controversies arising out of real estate transactions as specified by the Code of Ethics, and as further specified in the *Code of Ethics and Arbitration Manual* of the NATIONAL ASSOCIATION OF REALTORS® as from time to time amended. I irrevocably waive all claims against the Association or any of its officers, directors, or members for any act in connection with the business of the Association and particularly as to electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a member. Upon the expiration of said membership for any cause, I will discontinue the use of the term REALTOR®.

Name _____
(First) (M.I.) (Last)

Real Estate License No. _____

Type of License: ☐ R.E. Broker ☐ R.E. Salesperson Expiration Date _____

Address of Residence _____
(street or P.O. Box) City Zip Code

E-mail Address _____ Contact Phone No. _____

Name of Firm _____
(If associate, this refers to office you are associating with.)

Address of Firm _____
(street or P.O. Box) City Zip Code

Business Phone No. _____ Business Fax No. _____

Correspondence should be mailed to ☐ Home Address ☐ Business Address

References: You are authorized to refer to the following:

REALTOR® Sponsor Address Phone

Complete back of form →

Are you **currently** a member of any other Real Estate Association/Board? _____

If yes, name of Association/Board _____

Have you **previously** held membership in the REALTOR® ASSOCIATION OF SOUTHEASTERN MASSACHUSETTS or any other Real Estate Association? _____

If yes, name of Association _____ from _____ to _____
(approximate dates of membership)

What is your NRDS Membership number? _____

REALTOR® Principal Applicants Only:

Structure of Firm: [] Individual [] DBA [] Partnership [] Corporation

List Names of Partners, Associates, or Officers (if a Corporation) _____

(Give names of Senior Partners or Officers first)

In what other business have you been engaged?

_____ from _____ to _____ at _____
name of business dates in business location of business

_____ from _____ to _____ at _____

Established in present business location _____ Residence held here since _____
date date

Previous Residence _____

It is understood that this application and fees paid include membership in the Massachusetts Association of REALTORS® and the NATIONAL ASSOCIATION OF REALTORS®.

I agree to pay: the new member application fee and annual REALTOR® dues as determined by the REALTOR® ASSOCIATION OF SOUTHEASTERN MASSACHUSETTS within 30 days of receiving my invoice.

I understand that once I have been elected to membership, I must complete the online Code of Ethics training and orientation program offered by the Association in order to complete the membership process.

I hereby acknowledge that I have read and understand this application and the information provided by me is true and correct to the best of my knowledge. I also acknowledge being informed that access to the documents mentioned in this application is available through the Association office.

Signature of Applicant _____ Date _____

Please email application to Leslie Roda, leslie@rasem.realtor or fax to (508)993-4386