



Joint CCIAOR REALTOR® and CCIMLS Membership Application

This joint membership application is for those wanting to become both a member of the Cape Cod & Islands Association of REALTORS® (CCIAOR) and the Cape Cod & Islands Multiple Listing Service (CCIMLS).

The following items are required for completing this application:

- A copy of your current Massachusetts Broker's or Salesperson's License
- A letter from the Designated REALTOR® of the Office you are joining (unless applying as Designated REALTOR®)
- Payment of the \$100 application fee and your pro-rated CCIAOR dues and CCIMLS fees

Upon receipt of your application package:

- ◆ The Association office staff will review this information, and will (1) accept the application administratively if all information is complete and appropriate payments are made, or will (2) notify you that membership will be delayed until the problem is resolved. In this instance, the application will not be processed, nor will services of the Association or MLS begin until your application is administratively approved.
- ◆ You will receive notification when your application has been administratively accepted, along with any appropriate membership identification information. This can take up to 4 business days, although we strive to process applications and begin services as quickly as possible.
- ◆ Upon administrative approval, your membership information will be added master database for immediate access to services provided by the Cape Cod and Islands Association of REALTORS® (CCIAOR), the Massachusetts Association of REALTORS® (MAR), the National Association of REALTORS® (NAR) and, if applicable, the Multiple Listing Service (MLS).
- ◆ Your name and office affiliation will be announced to the membership as an applicant on file with provisional membership status. All inquiries to the Association will be informed of your active status with the Association of REALTORS®.
- ◆ You will be afforded 180 days to complete Code of Ethics and New Member Orientation. If you are the Designated REALTOR® (Broker in Charge) of your firm, you must also complete a Broker Orientation within 180 days of joining. In the event your provisional membership is terminated for failure to meet your new member requirements, no refunds will be provided. Additionally, submission of a new application and application fee will be required to reapply for provisional membership and current year dues, if not already remitted, will be due and payable.
- ◆ Submit your application & payment to:
Cape Cod and Islands Association of REALTORS®, Inc.,
22 Mid-Tech Drive
West Yarmouth, MA 02673
membership@cciaor.com

Applicant Information

Name as it appears on license:

Home Address:

City:

State:

ZIP Code:

Office Name and Address:

City:

State:

ZIP Code:

Mobile Phone:

Office Phone:

Other Phone:

Preferred Mailing Address:

Office Home

Preferred Phone:

Home Mobile Office

Email:

Website:

Birthdate:

Real Estate License #:

Expiration Date:

License Type:

Please include a copy of your active license with this application

- Broker
 Sales
 Appraisal

Do you hold, or have you ever held, a real estate license in any other state? If yes, please specify:

- Yes
 No

Has your real estate license, in this or any other state, been suspended or revoked?

- Yes
 No

If yes, please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

Office Status :

If applying as an Office Manager or Independent Contractor, please provide a letter from your DR confirming that you have joined their office

- Principal/Partner
 Office Manager
 Independent Contractor

CCIAOR Membership Type:

If selecting secondary membership OR if transferring from another Association, please include a letter of good standing from the Association where you currently hold membership.

- Primary
 Secondary

Do you CURRENTLY hold REALTOR® membership in any other Association? If yes, specify:

- Yes
 No

Have you EVER held REALTOR® membership in any other Association? If yes, specify:

- Yes
- No

Have there ever been any complaints/cases against you before any real estate association, state real estate regulatory agency or any other agency of government within the last three years?

- Yes
- No

If yes, please specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint:

Have you ever been convicted of a felony?

- Yes
- No

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and state and court of conviction:

Are you 18 or older?

- Yes
- No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.

- Yes
- No

Professional Information

Please note that this section is voluntary and all information obtained will be used only to tailor services and promotional efforts for your specialties

Check all that apply:

Brokerage Type Offered

- Buyer and Seller Representation
- Exclusive Buyer Representation
- Exclusive Seller Representation
- Limited Service
- Other :

Business Area

- Upper Cape
- Mid Cape Lower Cape
- Martha's Vineyard
- Nantucket
- Other:

Professional Specialties

- Residential Sales
- Residential Rentals
- Commercial
- Lots/Land
- Other:

Languages spoken other than English

Do you hold any leadership roles in other organizations?
If yes, please list.

What professional designations or degrees do you hold, if any?

Designated REALTOR® Information

*****Please complete only if you are applying as the Designated REALTOR® / Broker in Charge for your firm*****

Is the Office Address, as listed above, your principal place of business?

- Yes
 No

If no, or if you have any branch offices, please indicate and give address(es):

Company Structure

- Sole Proprietor
 Partnership
 Corporation
 LLC (Limited Liability Company)

Your Position

- Principal
 Partner
 Corporate Officer
 Majority Shareholder
 Branch Office Manager

Names of other Partners/Officers of your firm (if any)

List below all licensed individuals who will be associated with your firm. Note all active real estate licensees at your office location must join the CCIMLS as Subscribers and the CCIAOR as REALTORS® (or provide a letter of good standing from another REALTOR® board) before your application will be approved.

Please include agent name, license # and best contact information:

Payment Information

There is a \$100 application fee. REALTOR® dues and CCLIMLS fees for new members are prorated on a monthly basis. Total payment should be the sum of the application fee (\$100), CCIAOR prorated dues (based on month joining), and CCIMLS prorated fees (based on month joining).

Application Fee **\$100.00**
CCIAOR Annual Dues \$ _____ (see CCIAOR Annual Dues Schedule below)
CCIMLS Quarterly \$ _____ (see CCIMLS Quarterly Fee Schedule below)
Total Payment Due \$ _____

CCIAOR Prorated Dues Schedule - 2017

See schedule below for **primary*** membership costs inclusive of local, state and national dues. Enter amount above based on the month you are applying. Amount paid will cover membership through the end of the calendar year.

January	\$531.00
February	\$491.00
March	\$450.00
April	\$410.00
May	\$370.00
June	\$330.00
July	\$288.00
August	\$248.00
September	\$207.00
October	\$166.00
November	\$126.00
December	\$85.50

*If you are applying for **secondary** membership with CCIAOR, you need only pay local dues. Please contact us (508-957-4300) and we will provide the prorated amount for your membership dues.

CCIMLS Quarterly Fee Schedule - 2017

Enter amount above based on the month you are applying. Amount paid will cover through the current quarter.

January	\$81.00
February	\$54.00
March	\$27.00
April	\$81.00
May	\$54.00
June	\$27.00
July	\$81.00
August	\$54.00
September	\$27.00
October	\$81.00
November	\$54.00
December	\$27.00

Payment Method

- Check Enclosed.** Payable to: Cape Cod and Islands Association of REALTORS®, Inc.
 Credit Card. By checking this box, I authorize CCIAOR to charge my credit card the sum of the application fee (\$100), CCIAOR prorated dues (based on month joining) and CCIMLS prorated fees (based on month joining)

Cardholder Name:		
Billing Address:		
City:	State:	Zip Code:
Credit Card Number:		
Expiration Date:	Security Code (CSV):	

YES, sign me up for MLS Auto Pay! By checking this box, I hereby authorize the Cape Cod & Islands Multiple Listing Service, Inc. to make recurring charges for quarterly MLS fees to my Credit Card listed above, and, if necessary, to initiate adjustments for any transactions credited/debited in error. Charge amount will be \$81.00 and will recur on March 1st, June 1st, Sept 1st and Dec 1st annually. This authority will remain in effect until the Cape Cod & Islands Multiple Listing Service, Inc. is notified by me in writing at least two week (14 days) before the recurring credit card charge date to cancel it.

Certification

I hereby apply for REALTOR® Membership in the Cape Cod and Islands Association of REALTORS® and the Cape Cod and Islands Multiple Listing Service enclosing payment of a \$100 for a one time application fee plus my prorated annual dues and fees payable to the Cape Cod and Islands Association of REALTORS®.

I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I will attend New Member Orientation and complete Code of Ethics within 180 days of Association's confirmation of membership. Failure to meet this requirement may result in having my membership terminated. In the event of my election, 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 by the Association) and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within time frame established in the Association's Bylaws. I 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. I acknowledge that if I am accepted as a member and then I subsequently resign from the Association or otherwise causes my membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of my membership upon my certification that I submit to the pending ethics proceeding and will abide by the decision of the hearing panel. I understand that if I resign or otherwise causes my membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while I was active.

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 Association, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Cape Cod and Islands Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax number, 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: