



West Central Association of REALTORS®

400 South Cable Road
Lima, Ohio 45805-3112
(419) 227-5432
Fax (419) 229-1842

Please Return with your Payment

Date _____

I hereby present my application for Active membership in the West Central Association of REALTORS®, along with my check in the amount of \$150.00, the prescribed application fee. I agree to complete the New Member Orientation Course and send my certificate of completion to West Central Association of REALTORS®. I understand that failure to complete the Orientation Course, within six (6) months, shall automatically void the Association's approval and require the application fee to be forfeited. Applicant may re-apply after completing the required course and submitting another application fee.

I further agree that if elected a Member: (1) I will abide by the Bylaws and Rules and Regulations of the West Central Association of REALTORS®, Bylaws of the Ohio Association of REALTORS® and the National Association of REALTORS®, (2) I will abide by the Code of Ethics of the National Association of REALTORS®, including the obligation to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics, and as further specified in the Code of Ethics and Arbitration Manual of the National Association, as from time to time amended and (3) I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any Member or other persons, and that I agree that any information shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character. The applicant shall, with the form of application, have access to a copy of the Bylaws, Rules, and Regulations, and Code of Ethics referred to above.

In presenting this application for Active membership to the Association, I hereby waive all claims against the Association, its Officers, and any and all members, arising out of my act in connection with the consideration, rejection or acceptance of this application.

- The Association may contact me by phone, e-mail and/or fax even if I am on the "Do Not Call Registry"

OFFICE AFFILIATION _____
(Please Print)

BROKER/OFFICE MANAGER _____
(Signature)

Required NAME _____

FILE (LICENSE) # _____ **DATE OF LICENSE** ___/___/___

ADDRESS _____ **City** _____ **State** _____ **ZIP** _____

E-MAIL ADDRESS _____

PHONE (Residence) _____ **Cell Phone** _____

BIRTHDAY ___/___/___

SIGNATURE _____ **Date** ___/___/___