



RACI

REALTORS® Association of Central Indiana, Inc.
1620 E Hoffer Street • Kokomo, IN 46902 • 765-457-0089

RACI MEMBERSHIP APPLICATION

I, _____, hereby apply for REALTOR® membership in the REALTORS® Association of Central Indiana, Inc., and enclose my check or money order in the amount of \$ _____ for my one time application fees and prorated membership dues made payable to RACI. I understand that my dues and fees will be returned to me in the event I am not accepted for membership. If my application is approved, the application fees and dues are non-refundable.

As a condition of membership, I agree to attend a new member orientation class. If I miss 2 consecutive new member orientation sessions, my membership will be terminated and I will need to resubmit the RACI Membership Application and pay the application fee.

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 by the association), and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association and the National Association. Further, I agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws, and Rules and Regulations. I also 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 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 the association will maintain membership file information, which may be shared with other boards/associations where I subsequently seek membership. This file shall include: previous applications for membership, all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years, pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties which includes nonpayment of fees, incomplete or pending disciplinary measures, pending arbitration requests with the association or its MLS.

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 verification 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 agree to waive any and all claims or causes of action, legal or equitable, which I may have in the future against RACI, IAR, NAR, or any of their officers, directors, members, employees or agents, arising out of any fine, suspension, termination of membership, or any other discipline or decision that may be imposed upon me for violating any of the duties assumed by me. I further agree to pay reasonable attorney fees, court costs and other expenses incurred by RACI if it becomes necessary for RACI to engage in litigation to collect monies owed by me to RACI.

APPLICANT INFORMATION

I hereby submit the following information for consideration of my application:

Name as shown on license: _____

Name as you want it to appear on RACI roster: _____

Real Estate License # _____ Appraiser License # _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Agent Web Page: _____

Office Name: _____

Office Address: _____

Office City: _____ State: _____ Zip Code: _____

Managing Broker: _____ Office Phone: _____

Your position in the Office: _____

What professional RE designation(s), if any, do you hold? _____

Do you hold or have you ever held a real estate or appraiser license in any other state?

Yes _____ No _____ If Yes, where? _____

Are you now or have you ever been a member of any other Board/Association of REALTORS®? Yes _____ No _____

If Yes, list Board/Association name, type of membership, any previous NRDS number:

Have you ever been a member of REALTORS® Association of Central Indiana?

Yes _____ No _____

If Yes, list year(s): _____ Type of Membership: _____

Have you previously been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any such complaints pending? Yes _____ No _____ If Yes, provide details as an attachment.

Has your real estate license, in this state or any other state, been suspended or revoked? Yes _____ No _____ If Yes, provide an explanation as an attachment.

Has your membership in a Board/Association ever been refused, suspended or terminated (voluntarily or involuntarily)? Yes _____ No _____

If Yes, provide detailed explanation as an attachment.

Have you taken the REALTOR® Code of Ethics Course? Yes ____ No ____

Date Completed: _____

If Yes, provide a copy of the certificate for our files.

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 REALTORS® Association of Central Indiana are not tax deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below, I consent the REALTOR® Associations (local, state, national) and Indiana Regional MLS, LLC (IRMLS) may contact me at the specified address, telephone 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: _____ Date: _____