## WEST METRO BOARD OF REALTORS®

154 BANKHEAD HWY CARROLLTON, GA 30117 770.832-0804 Fax 770.830-0180 wmetro@bellsouth.net

## APPLICATION FOR MEMBERSHIP

| the West Metro Board of REALT check in the amount of \$ event of my election, I agree to a which includes the duty to arbitra named Board, the State Associatisatisfactorily complete a reasonal Constitutions, Bylaws and Rules obligations that require complian may be revoked should completitimeframe established in the association condition renewal of membership to condition renewal of membership to condition renewal of membership ethics proceeding and will abide causes membership to terminate, lapses or is terminated, provided I consent and authorize the Board information and comment about information and comment furnish conclusively deemed to be privile defamation of character. I irrevolumembers, for any act in connection | TORS(includes State and, which is to be ret bide by the Code of Ethicate, and the Constitution, ion and the National Assoble and non-discriminator and Regulations. I understoe. Membership is final coor of requirements, such a citation's bylaws. I understed in the association's by the decision of the heat terminate with an ethics of upon applicant's certification by the decision of the heat the duty to submit to arbit the dispute arose while and, through its Membershime from any member or coned to the Board by any peged and not form the base ably waive all claims again with the business of the another coned to ment hicensed with Commonth licensed with Licensed with Licensed with Commonth licensed with Commonth licensed with Commonth licensed with Licensed w | nip Committee or otherwise, to invite and receive other person, and I further agree that any erson in response to the invitation shall be sis on any action by me for slander, libel, or ainst the Board or any of its Officers, Directors or ne Board, and particularly as to its (or their) acts lling or otherwise disciplining as an applicant or mpany and are non refundable. |  |  |  |
|--|---|---|--|--|--|
| Name:  |   | Real Estate License #   |  |  |  |
| Office Name:   | Office Add  | ress  |  |  |  |
| Office Phone:  | Office Fax  |   |  |  |  |
| Residential Address:   |   |   |  |  |  |
| Phone:   | Cell Phone  | Email   |  |  |  |
| Are you presently a member of any other Association of REALTORS®   |   |   |  |  |  |
| Have you previously held members If yes, name of Association and t   | ership in this or any other ype of membership held:   | Association of REALTORS?  |  |  |  |

| REALTORS® in the past three (3) years or are provide details as an attachment.)  | of Ethics or other membership duties in any Association of the there any such complaints pending?(If yes, please officer or branch manager?(If yes, you  |
|--|--|
| must complete 3 <sup>rd</sup> page of this application.  |  |
| to provide complete and accurate information a<br>for revocation of my membership if granted. It<br>shall pay the fees and dues as from time to time<br>Realtors, Georgia Association and National Associations of the Tat | furnished by me is true and correct, and I agree that failure as requested, or any misstatement of fact, shall be grounds further agree that, if accepted for membership in the Board, I e established. <b>NOTE:</b> Payments to the West Metro Board of association are not deductible as an ordinary and necessary at Act regarding lobbying expenses limit the extent to which tible. <b>You are strongly advised to contact your tax advisor</b> |
| subsidiaries, if any (e.g., MLS, foundation) ma<br>fax numbers, email address or other means of c<br>contact information that may be provided by m   | R® Association (local, state, and national) and their by contact me at the specified address, telephone numbers, communication available. This consent applies to changes in the to the Association(s) in the future. This consent recognizes mits on communications that I am waiving to receive all  |
| Signed   | Date   |