

# REALTOR<sup>®</sup> APPLICATION

THE LONG ISLAND BOARD OF REALTORS<sup>®</sup>, Inc.  
300 Sunrise Highway, West Babylon, NY 11704  
(631) 661-4800 (718) 739-8700 FAX: (631) 661-8136

FOR OFFICE USE ONLY:

MEMBER # \_\_\_\_\_

FIRM # \_\_\_\_\_

CK #/DATE/AMT \_\_\_\_\_

I hereby apply for REALTOR<sup>®</sup> Membership in the Long Island Board of REALTORS<sup>®</sup>, Inc. (LIBOR) \* I agree to abide by the Constitution and By-Laws of the Long Island Board of REALTORS<sup>®</sup>, Inc. and the Code of Ethics of the National Association of REALTORS<sup>®</sup>.

Upon termination of said membership for any cause, I understand that any payment of dues is **non-refundable**. I will discontinue the use of the term REALTOR<sup>®</sup> and return to the Board all certificates, signs, seals, or other indications of membership in the Board, the State and the National Association of REALTORS<sup>®</sup>.

I hereby consent and agree that the Long Island Board of REALTORS<sup>®</sup>, Inc. and its wholly owned subsidiary, The Multiple Listing Service of LI, Inc., may solicit me by facsimile machine (fax) or telephone at the fax and telephone numbers set forth below. This consent and agreement is intended to satisfy the consensual requirements of the Telecommunication Act of 1991 and the rules and regulations promulgated there under as they now exist or as they may be amended or modified in the future.

**\*\* PLEASE ENCLOSE A COPY OF YOUR CURRENT SALES LICENSE AND DRIVER'S LICENSE \*\***  
**MEMBERSHIP WILL NOT BE ACCEPTED WITHOUT THIS DOCUMENTATION!!**

**\*\*\*TO RECEIVE FULL MEMBER BENEFITS, YOU MUST SUBMIT A DIGITAL PHOTO OF YOURSELF WITHIN 7 DAYS OF RECEIPT OF YOUR NEW MEMBER LETTER WHICH WILL INCLUDE INSTRUCTIONS \*\*\***

## PLEASE PRINT

Mr.  Mrs.  Miss  Ms. Name (as shown on license) Last, First, M.I. \_\_\_\_\_

Male  Female Are you now, or have you ever been a member of another REALTOR<sup>®</sup> board?  Yes  No

If yes, specify name of board \_\_\_\_\_ NRDS # \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_ Town \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Office Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax# ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

E-Mail Address (required) \_\_\_\_\_ Web Address \_\_\_\_\_

Residence Address (required) \_\_\_\_\_ Town \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Social Security # (last 4 digits only) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Mailing Address (required) :  Home  Office Preferred Phone (required) :  Home  Office  Cell

**\* To attain full REALTOR<sup>®</sup> membership, one must complete a New Member Orientation program within 90 days of joining LIBOR, after which your membership would be subject to suspension. This course is mandatory, satisfies the National Association of REALTORS<sup>®</sup> requirement for Quadrennial Ethics training, and includes an Introduction to Board membership. Your membership will be considered Provisional until completion of this course. This requirement can be satisfied through instruction provided by LIBOR either by an on-site course, at no cost or for your convenience, an on-line course for an additional fee of \$25.**

If your original license is less than 3 months old, do you wish to take advantage of our trial program? By taking advantage of this program you will not be entitled to LIBOR benefits or services (including MLS and STRATUS) until the end of the trial period. At that time you will be sent a statement for your pro-rated annual REALTOR<sup>®</sup> dues, which will not include the initial 3 month trial period. You must be affiliated with your original sponsoring broker in order to take advantage of this program. Please check one:

Yes, I wish to take advantage of the trial program. Please bill me for pro-rated dues at the end of my trial period.

No, I prefer to make my dues payment now and begin taking advantage of benefits and services right away.

X \_\_\_\_\_  
APPLICANT SIGNATURE (Salesperson/Associate Broker)

\_\_\_\_\_  
DATE