## APPLICATION FOR NEW REALTOR® OFFICE MEMBERSHIP



50 Nashua Road, Suite 105 Londonderry, NH 03053 Office: 603.965.3329 Fax: 603.893.5655

membership@gssbr.org

Application fee & dues are non refundable. If you fail to attend TWO consecutive orientation courses, you will be required to submit a new application and fees.

|   |   | hereby a   | pply for REALTOR® membersh   | ip in the above named Board as   |
|---|---|--|--|--|
| accepted to membersh indoctrination course of   | amount of \$25<br>ip. In the even<br>the above name   | <b>0.00 plus the prorated o</b><br>ent my application is ap<br>ed Board, if any, and oth                     | ues which I understand will be reproved, I agree as a condition erwise on my own initiative to tho   | turned to me in the event I am n<br>to membership to complete t<br>roughly familiarize myself with t   |
|   |   |  | EALTORS®, including the duty of the Board and the Constitutions  |  |
|   |   |  | Association, and I further agree to  |  |
|   |   |  | Constitutions, Bylaws, Rules and R   |  |
| Ethics, Constitutions, B  | ylaws, Rules and  | d Regulations, and duty to   | and continuing commitment to ab-<br>p arbitrate, all as from time to time<br>otherwise to invite and receive in  | e amended. Finally, I consent th   |
| from any Member or ot   | ther person, and<br>ny such invitatio   | l I agree that any informa<br>n shall be conclusively de   | ation and comment furnished to the temed to be privileged and not form   | he Board by any Member or oth  |
| the Board with an ethic<br>upon applicant's verificathe Hearing Panel; or if<br>Board of Directors may                        | es complaint or<br>ation that he/sh<br>applicant resign<br>condition rene   | arbitration request pend<br>e will submit to the pend<br>as or is expelled from me<br>wal of membership upon | and he/she subsequently resigns of<br>ing, the Board of Directors may<br>ing ethics or arbitration proceeding<br>imbership without having complied<br>in his/her payment of the award, payded that the award and such cost | condition renewal of membersh<br>g and will abide by the decision<br>d with an award in arbitration, to<br>blus any costs that have previous |
| Outer wise satisfied.   |   |  |  |  |
|   |   |  |  |  |
| I hereby submit the   |   | formation for your co  | onsideration:  |  |
| I hereby submit the ☐ Ms. ☐ Miss ☐  | l Mrs. 🗖 Mt   |  | onsideration:  |  |
| I hereby submit the ☐ Ms. ☐ Miss ☐ Name on Licenses   | l Mrs. □ M1   | ·  |  |  |
| I hereby submit the ☐ Ms. ☐ Miss ☐ Name on License: License No.   | l Mrs. □ Mı<br>: □  | Broker □ Sales   | person <b>E-Mail Address</b> :   |  |
| I hereby submit the ☐ Ms. ☐ Miss ☐ Name on License: License No.   | l Mrs. □ Mı<br>: □  | ·  | person <b>E-Mail Address</b> :   |  |
| I hereby submit the ☐ Ms. ☐ Miss ☐ Name on License: License No Office Info:   | l Mrs. □ Mı<br>: □  | Broker □ Sales   | person <b>E-Mail Address</b> :   | Please Print Clearly   |
| I hereby submit the ☐ Ms. ☐ Miss ☐ Name on License: License No  Office Info:(Name)  | Mrs. □ M | l Broker □ Sales   | person <b>E-Mail Address</b> : (Street Address)  | Please Print Clearly  (Suite / Apt)  |
| I hereby submit the  ☐ Ms. ☐ Miss ☐  Name on License:  License No  Office Info: (City)  | Mrs. □ M | l Broker □ Sales   | person <b>E-Mail Address</b> :  (Street Address)  (Area Code & Phone)  | Please Print Clearly  (Suite / Apt)  |
| I hereby submit the  ☐ Ms. ☐ Miss ☐  Name on License:  License No  Office Info: (City)  | Mrs. □ Mr::  (State)  | l Broker □ Sales   | person <b>E-Mail Address</b> :  (Street Address)  (Area Code & Phone)  | Please Print Clearly  (Suite / Apt)  (Fax No.)   |
| I hereby submit the  ☐ Ms. ☐ Miss ☐  Name on License:  License No  Office Info: (City)  Residence Addres  (Area Code & Phone) | Mrs.   Mrs.   Mrs.   Mrs.   State)  | Sales  (Zip Code)  (Cell Phone)  | person <b>E-Mail Address</b> :  (Street Address)  (Area Code & Phone)  | Please Print Clearly  (Suite / Apt)  (Fax No.)  ty, State & Zip Code)  (Fax No.)   |
| I hereby submit the  ☐ Ms. ☐ Miss ☐  Name on License:  License No  Office Info: (City)  Residence Addres  (Area Code & Phone) | Mrs.   Mrs.   Mrs.   Mrs.   State)  | Sales  (Zip Code)  (Cell Phone)  | person <b>E-Mail Address</b> : (Street Address)  (Area Code & Phone)   | Please Print Clearly  (Suite / Apt)  (Fax No.)  ty, State & Zip Code)  (Fax No.)   |

## This section to be completed by Designated REALTOR® applying for a new office

| Check Whether:                        | ☐ Individual             | □ DBA                   | ☐ Partnership                         | ☐ Corporation          |
|---------------------------------------|--------------------------|-------------------------|---------------------------------------|------------------------|
| State Position with Firm<br>Other     | : □ Principal<br>□ Emplo | ☐ Partner<br>yee ☐ Indo | ☐ Corporate Officer ependent Contract | ☐ Trustee              |
| If "Other", explain:                  |                          |                         |                                       |                        |
|                                       |                          |                         |                                       |                        |
| Are you actively engaged              | d in the Real Estate     | Business?: □ Yes        | s 🗖 No                                |                        |
| Do you hold yourself ou<br>Yes   No   | it to the general pub    | olic as being active    | ely engaged in the Real Esta          | ite Business?:         |
| Applicants for Active M or your firm. | embership, state na      | me of each other        | Principal, Partner, Corpora           | te Officer, or Trustee |
|                                       |                          |                         |                                       |                        |
|                                       |                          |                         |                                       |                        |
|                                       | (Give Nat                | mes of Senior Partners  | or Officers First)                    |                        |
| You are authorized to re              | efer to the following    | members of this         | Board who know me:                    |                        |
| (Name)                                | (Add                     | lress)                  |                                       | (Phone)                |
| (Name)                                | (Add:                    | ress)                   |                                       | (Phone)                |
| Personal and Credit Refe              | erences:                 |                         |                                       |                        |
|                                       |                          |                         |                                       |                        |
| Bank:                                 |                          |                         |                                       |                        |
| Others:                               |                          |                         |                                       |                        |
| If applicant for Active Maccount:     | Iembership, give na      | me of Institution       | (s) in which you maintain yo          | our escrow or trustee  |
|                                       |                          |                         |                                       |                        |
|                                       |                          |                         |                                       |                        |

The purpose of Granite State South Board of REALTORS® is to provide REALTOR® members access to tools necessary to deliver real estate services in an ethical and proficient manner.

## Personal Data

| Name as you want it to appear on roster:                                     |                     |            |              |              |          |            |
|--|---------------------|------------|--------------|--------------|----------|------------|
| (Last)<br>(Initia  |                     |            |              | (First)      |          |            |
| Nickname:  | ·                   |            |              |              |          |            |
| Birthplace: (City) (State)   |                     | Date of    | Birth: _     |              |          |            |
| (City) (State)<br>(Year)   | (Country)           |            |              | (Mont        | h)       | (Day)      |
| Highest Level of Education Completed:  |                     |            |              |              |          |            |
| First Entered Real Estate Business:  | at                  |            |              | (Company     | .)       |            |
| Have you been engaged continuously in the bu                                 |                     | ☐ Yes      | s 🗆 No       |              | 7)       |            |
| If no, during what years were you in the business                            | ess?:               |            |              |              |          |            |
| How many years have been active as a Salesper                                | rson?: B1           | oker?: _   |              | Other:       |          |            |
| In what other business have you been engaged                                 | ?:                  |            |              |              |          |            |
|  | from                |            | to           | at           |          |            |
|  |                     | ` ,        | ` '          |              |          | ,          |
|  |                     | (Year)     | (Year)       | at           | (City, S | tate)      |
|  | from _              | (Year)     | to<br>(Year) | at           | (City, S | tate)      |
| First Licensed in this State: an   | ar)                 | Last pre   | vious loc    | ation:       | (Pla     | ace)       |
| Are you a member of any other Real Estate Bo<br>REALTORS®: ☐ Yes ☐ No        | oard whether or no  | ot affilia | ted with     | the Nationa  | al Asso  | ciation of |
|  | (Name of Board)     |            |              |              |          |            |
| If "Yes" name each other such Board, type of which membership has been held: | Membership held,    | , and da   | tes establ   | ishing the t | ime pe   | eriod for  |
|  |                     |            |              |              |          |            |
| Have you previously held membership in any o                                 | other Real Estate I | Board?:    | □ Yes        | □ No         |          |            |
| If "Yes", name each such Board, type of meml membership was held*:           | pership held, and o | dates es   | tablishing   | g the time p | eriod f  | or which   |
|  |                     |            |              |              |          |            |

| Have you ever been refused membership in any other Real Estate Board?: ☐ Yes ☐ No  |
|--|
| If "Yes", state basis for such refusal and detail the circumstances related thereto*:  |
| Is the Office Address, as stated, your principal place of business?: ☐ Yes ☐ No  |
| If not, or if you have any branch offices, please indicate and give addresses:   |
| In what phases of Real Estate do you specialize?:  |
| Have you participated in a Multiple Listing Service?: ☐ Yes ☐ No Where?:   |
| Are you now employed or engaged in any other business or profession?: ☐ Yes ☐ No   |
| (Position & Location)  |
| Do you hold, or have you ever held, a Real Estate License in any other state?:   Yes  No Where?:   |
| Has your Real Estate License, in this or any other state, been suspended or revoked?: □ Yes □ No   |
| If "Yes", specify the place(s) and date(s) of such action and detail circumstances thereto*:   |
| Are there now, or have there been within the past five (5) years, any complaints against you or the firm with which you have been associated before any state Real Estate regulatory agency or any other agency of government?:   Yes  No                      |
| If "Yes", specify the substances 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", give details*:   |
| *Attach separate sheet(s) as required.   |
| 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 ground for revocation of my membership granted. |
| Date: Signature:   |