



Lakeshore REALTORS® Association

Membership Application

REALTORS®- I, _____ hereby apply for membership in the Lakeshore REALTORS® Association (ORA) as a: ____ Realtor® Member, with the intention of holding a ____ Primary Membership ____ Secondary Membership (for DRs w/primary elsewhere).

I am a _____ New REALTOR® or _____ Transferring my membership from _____ **OR**

Affiliate Business Members-I, _____ hereby apply for membership in Lakeshore REALTORS® Association as a _____ State Affiliate Member or _____ Local Affiliate (for additional people from same firm)

Please read carefully:

Enclosed is my check for the amount of \$ _____ (see proration sheet on the **Join Us page** for the Lakeshore REALTORS® Association www.lakeshorera.com) which I understand will be returned to me in the event that I am not accepted to membership in LSRA. In the event my application is approved, I agree, as a condition of membership, to complete the mandatory Orientation course provided by LSRA to all new members and to complete the online New Member Ethics Training. I agree to thoroughly familiarize myself with the Code of Ethics of the National Association of Realtors® (NAR), including the duty to mediate and arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitutions, Bylaws, and Rules and Regulation of the above named Association, the State Association and the National Association.

I hereby submit the following information:

Personal Information:

Realtors Only: Name as shown on License _____

Realtors Only: Real Estate License Number _____

FOR ALL: Home Address _____ City/Zip _____

Cell Phone Number _____

Personal E-Mail _____ I agree to receive text notifications from LSRA _____

Date of Birth _____ (please initial the above)

(Year is necessary for insertion into the MLS systems, once entered; the numbers will be blacked out)

FOR REALTORS ONLY: Has your real estate license, in this or any other state been suspended or revoked? Y / N

If "yes", please explain: _____

Have you ever been convicted of a felony? Y / N If "yes", please explain: _____

Professional Information:

Company Name _____

Company Address _____

Business Phone Number _____ Fax Number _____

Business E-mail _____

I hereby certify that the information provided on this Application is true and correct.

Sign Print Date

Preferred Method: Checks Payable to: Lakeshore REALTORS® Association Check Number _____

If you pay by check, please take \$25.00 off the amount due. Call 262-375-4730 to pay by credit card.

I prefer mail/email to come to (please check one): home business

Please return this form to: Lakeshore REALTORS® Association 2360 Dakota Dr. Suite E Grafton, WI 53024 or email to info@ozaukee.com. Questions? Call 262-375-4730 for more information.