REALTOR® APPLICATION

THE LONG ISLAND BOARD OF REALTORS®, Inc.

300 Sunrise Highway, West Babylon, NY 11704 (631) 661-4800 (718) 739-8700 FAX: (631) 661-8136 Email – LIBORMEM@LIREALTOR.COM

FOR OFFICE USE ON	ILY:	
MEMBER#	FIRM #	
PAYMENT INFO		

I hereby apply for REALTOR® Membership in the Long Island Board of REALTORS®, Inc. (LIBOR). It is understood that this application includes membership in the New York State Association of REALTORS® (NYSAR) and the National Association of REALTORS® (NAR). I agree that, if elected a member of LIBOR, I will abide by the By-Laws, policies and procedures of LIBOR, the By-Laws of NYSAR, the Constitution and By-Laws of NAR, and I will abide by the Code of Ethics of NAR, as from time to time amended.

Upon termination of said membership for any cause, I understand that any payment of dues is <u>non-refundable</u> and I agree to discontinue the use of the term REALTOR® and return to LIBOR all certificates, signs, seals, or other indications of membership in LIBOR, NYSAR, and NAR.

To attain full REALTOR® membership, one must complete a New Member Orientation program within 90 days of joining LIBOR. Failure to complete the Orientation within the required time-period would result in suspension. This is a required course that satisfies the National Association of REALTORS® requirement for ethics training, and includes an Introduction to 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.

additional fee.
PLEASE PRINT (all fields are required)
Name (as shown on license) Last, First, M.I. Gromes Da Silva Then office Name: Premium Grap Preuly (vi
Office Address: 450 Sunrise Huy. Town: Rockville Center State: 17 zip: 11570
Office Phon: E-Mail Address: 151/1/Ure50/160 (Cimcu)
Web Address: Date of Birth: 09/03/86 Preferred Mailing Address: ★ Home □ Office
Residence Address: 18 LOUTH AVC. Town: HOHOVILC State: NY Zip: 11747
Home Phone: Cell Phone: 6318051036 Preferred Phone: ☐ Home ☐ Office 🕱 Cell
Primary Field of Business: Select One Secondary Field of Business: Select One
Are you now, or have you ever been a member of another REALTOR® board? Yes X No
If yes, specify name of boardNRDS #
and services. We will keep you up-to-date on the latest Breaking Real Estate Headlines, Legal Updates, Educational Opportunities, Calls to Action, Upcoming Events, Exclusive Products, Benefits and more. Stay in the know on all member information by simply checking the "Yes" boxes below! YES NO Sign up for LIBOR's text alert services to receive important industry news, products, services and benefits directly to your mobile device! Cell Phone Number: (6) (1) (If left blank, you give LIBOR permission to use the cell phone number indicated above.)
By checking Yes, you consent to receive such automated and pre-recorded marketing text messages from LIBOR at the indicated cell phone number. Such consent is not a condition of purchase. Message and data rates may apply. 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. Check with your wireless carrier regarding pricing. You may opt-out of receiving such text messages at any time by following the instructions accompanying the message, by contacting Membership & Billing at 631-661-4800 or emailing us at libormem@lirealtor.com.
YES NO I consent that LIBOR may contact me by facsimile machine (fax), telephone, and/or email address at the fax, telephone or e-mail address set forth above for informational and marketing purposes. You may opt-out of receiving such fax and e-mail messages at any time by following the instructions accompanying the message, by contacting Membership & Billing at 631-661-4800 or emailing us at libormem@lirealtor.com. This consent applies to changes in contact information that may be provided by me to LIBOR in the future.
X APPLICANT SIGNATURE (Salesperson/Associate Broker) BY Z5 Z6Z1 DATE