



APPLICATION FOR REALTOR® MEMBERSHIP

To the Board of the Greater Pocatello Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$ \_\_\_\_\_ \* for my \_\_\_\_\_ (year) Dues payable to the Greater Pocatello Association of REALTORS®. My dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws. I understand that I will be required to complete periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

\* Amount shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: \_\_\_\_\_
Real Estate License #: \_\_\_\_\_
Licensed/certified appraiser: [ ] Yes [ ] No Appraisal License #: \_\_\_\_\_
Office Name: \_\_\_\_\_
Office Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
Residence Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Preferred Mailing: [ ] Home [ ] Office Preferred Phone: [ ] Home [ ] Office

Are you presently a member of any other Association of REALTORS®? [ ] Yes [ ] No
If yes, name of Association and type of membership held: \_\_\_\_\_
Have you previously held membership in any other Association of REALTORS®? [ ] Yes [ ] No
If yes, name of Association and type of membership held: \_\_\_\_\_
Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? [ ] Yes [ ] No (If yes, provide details as an attachment.)
If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) #: \_\_\_\_\_
and last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_
Are you a principal, partner, corporate officer or branch office manager? [ ] Yes [ ] No If yes, you must also complete 2nd page of this application.

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 grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. 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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

(Optional Information): Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Specialty: [  ] Residential [  ] Commercial [  ] Resort [  ] International [  ] Other: \_\_\_\_\_  
How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_  
Number of years engaged in the real estate business: \_\_\_\_\_

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 2 FOR DESIGNATED BROKERS/BRANCH MANAGERS

Company information:     Sole Proprietor    Partnership    Corporation    LLC(Limited Liability Company)

Your position:     Principal     Partner     Corporate Officer     Branch Office Manager

Names of other Partners/Officers/ of your firm:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? [  ] Yes [  ] No  
If yes, state the basis for each 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 address:  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? [  ] Yes [  ] No  
If so, where:  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

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 grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. 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.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**Greater Pocatello Association of Realtors  
OFFICE DATA SHEET**

**COMPANY INFORMATION**

Broker/Designated REALTOR®:

Office Name:

Current Address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

ZIP Code:

Office phone:

Voice Mail:

Fax:

E-mail address:

Tax ID#:

**OTHER ASSOCIATIONS**

Are you a member of another association?

Name of Associations:

**ASSOCIATION OFFICE USE ONLY**

Date joined:

Member Type:

NRDS Office #:

License #:

Expires:

Paragon

Supra Key#:

Supra ID:

Agent Roster/Outlook

Notify IF

GPAR Website

E-mail COE/MLS RR/Bylaws

## Greater Pocatello Association of Realtors MEMBERSHIP DATA SHEET

### APPLICANT INFORMATION

Name:

Current Address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

ZIP Code:

Home phone:

Cell phone:

Fax:

Preferred Phone:  Home  Cell  Office

E-mail address:

### OPTIONAL INFORMATION

Date of Birth:

SSN:

### COMPANY INFORMATION

Name:

Current Address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

ZIP Code:

Office phone:

Fax:

### OTHER ASSOCIATIONS

Are you a member of another association?

Name of Associations:

### ASSOCIATION OFFICE USE ONLY

Date joined:

Member Type:

NRDS #:

License #:

Expires:

Paragon

Supra Key#:

Supra ID:

Agent Roster/Outlook

Notify IF

GPAR Website



# Greater Pocatello Association of REALTORS®

978 W. Alameda Pocatello, ID 83201 ~ P.O. Box 2552, Pocatello, ID 83206

Phone: 208-237-2600 ~ Fax: 208-237-8344

[www.pocatellorealtors.com](http://www.pocatellorealtors.com)

## CERTIFICATION FORM TO IDENTIFY LICENSEES AFFILIATED WITH DESIGNATED REALTORS® (BROKER/APPRaiser)

**TO DESIGNATED REALTORS®: PLEASE COMPLETE THE FOLLOWING AND RETURN IT TO THE ASSOCIATION OFFICE WITH YOUR APPLICATION.**

In accordance with Article VI, Section 13 of the Bylaws of the Greater Pocatello Association of REALTORS®, this will certify that the following individuals represent a complete listing of all licensed or certified individuals affiliated with any firm which I am a principal, partner, or corporate officer.

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

NAME OF LICENSEE	LICENSE #	TYPE OF LICENSE		BOARD MEMBER STATUS	
		REAL ESTATE	APPRAISER	REALTOR®	NON-MEMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Further, I will notify the Association of any changes in the above listing during the current fiscal year, with such notification to be provided to the Association within seven (7) days from the date of the individual's affiliation or severance of affiliation with my firm(s).

**CERTIFIED BY:** \_\_\_\_\_

**Signature of Designated REALTOR®**

\_\_\_\_\_

**Date**

**TOTAL NUMBER OF LICENSEE'S IN FIRM(S):** \_\_\_\_\_

**TOTAL NUMBER OF REALTORS® IN FIRM(S):** \_\_\_\_\_

**TOTAL NUMBER OF NON-REALTORS® IN FIRM(S):** \_\_\_\_\_



# Greater Pocatello Association of REALTORS®

978 W. Alameda Pocatello, ID 83201 ~ P.O. Box 2552, Pocatello, ID 83206

Phone: 208-237-2600 ~ Fax: 208-237-8344

[www.pocatellorealtors.com](http://www.pocatellorealtors.com)

## MULTIPLE LISTING SERVICE

### PARTICIPANT (BROKER) APPLICATION AND AGREEMENT

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

I hereby apply for participation in the Multiple Listing Service of the Greater Pocatello Association of REALTORS®, Inc. I am enclosing my check in the amount of \$500.00, which is the present, initial one-time application / participation fee.

I have read and understand the provisions of the Multiple Listing Service of the Greater Pocatello Association of REALTORS®, Inc. and accept and agree to observe faithfully the rules and regulations of the Service.

I understand that any information provided by the Multiple Listing Service to the Participants shall be considered official information of the Service. Such information shall be considered confidential and exclusively for the use of Participants and real estate licensees affiliated with such Participants and those Participants who are licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property and licensed or certified appraisers affiliated with such Participants.

By becoming and remaining a member and by signing this agreement to abide by the Bylaws of the Greater Pocatello Association of REALTORS®, I bind myself and agree to submit to arbitration by the Association's facilities all disputes as defined by Article 14 of the Code of Ethics, and as set forth in the provision of the NATIONAL ASSOCIATION OF REALTORS® Professional Standards Manual, all disputes with any other member under the conditions stated in the manual.

I will abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® adopted by the Greater Pocatello Association of REALTORS®, Inc.

\_\_\_\_\_  
**Signature of MLS Participant (Broker)**

\_\_\_\_\_  
**Date**



# Greater Pocatello Association of REALTORS®

978 W. Alameda Pocatello, ID 83201 ~ P.O. Box 2552, Pocatello, ID 83206

Phone: 208-237-2600 ~ Fax: 208-237-8344

[www.pocatellorealtors.com](http://www.pocatellorealtors.com)

## MULTIPLE LISTING SERVICE SUBSCRIBER AGREEMENT

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

I agree as a condition of participation in the Greater Pocatello Association of REALTORS® Multiple Listing Service (MLS) to abide by all relevant Bylaws, Rules and Regulations and other obligations of participation, including payment of fees. I further agree to be bound by the Code of Ethics on the same terms and conditions as Association members including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the Association. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which may be in addition to any discipline, including fines, that may be imposed.

Requested MLS User Login: \_\_\_\_\_

Requested MLS Password: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Subscriber**

\_\_\_\_\_  
**Date**

# Greater Pocatello Association of REALTORS®

## Application for Membership Addendum Mandatory Orientation Requirement

I understand that as a condition of my Active REALTOR® Membership in the Greater Pocatello Association of REALTORS® I shall attend the next scheduled Orientation Course.

I understand that the course will be held a minimum of two (2) times during a twelve month period. I will be notified at least one month in advance of the date, time and place of the class. I understand if I am unable to attend my Designated Broker may file a written request to the Board of Directors for an excused absence.

- If I attend my first scheduled class there is no charge for the class.
- If I fail to attend my first scheduled class and do not have an excused absence, I will be subject to a \$250.00 fine, due and payable immediately. If the fine is not paid within 30 days of the class date, my membership will be suspended and will remain suspended until the fine is paid.
- If I fail to attend my second scheduled class and do not have an excused absence, I will be subject to an additional \$500.00 fine, due and payable immediately. If the fine is not paid within 30 days of the class date, my membership will be suspended and will remain suspended until the fine is paid.

**1<sup>st</sup> Non-Excused Absence** = \$250.00 fine and possible suspension of my membership and all services, including MLS.

**2<sup>nd</sup> Non-Excused Absence** = \$500.00 fine and possible suspension of my membership and all services, including MLS.

**I understand that failure to attend two (2) consecutive scheduled Orientation courses without an excused absence is grounds for termination of membership.**

**I also understand that failure to satisfy the Orientation requirement within 365 days of the date of application will result in termination of membership.**

---

*New Member Signature*

---

*Date*

Note: The Orientation program includes a Code of Ethics Training which qualifies for 4 hours of elective Continuing Education credits at no charge and also fulfills the NATIONAL ASSOCIATION OF REALTORS® Quadrennial Code of Ethics requirement.



# Greater Pocatello Association of REALTORS®

978 W. Alameda Pocatello, ID 83201 ~ P.O. Box 2552, Pocatello, ID 83206

Phone: 208-237-2600 ~ Fax: 208-237-8344

[www.pocatellorealtors.com](http://www.pocatellorealtors.com)

## MULTIPLE LISTING SERVICE

### ACKNOWLEDGEMENT AND RECEIPT OF SECTION 15 OF THE GPAR MLS RULES AND REGULATIONS –USE OF KEY AND LOCKBOX SYSTEM

#### SUBSCRIBER OF ELECTRONIC KEY AND LOCKBOX SYSTEM

I, \_\_\_\_\_,  
Name of Individual

hereby elect to use the electronic key and lockbox system and agree to the terms as set forth in Section 15 of the GPAR MLS Rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

#### NON-SUBSCRIBER OF ELECTRONIC KEY AND LOCKBOX SYSTEM

I, \_\_\_\_\_,  
Name of Individual

hereby elect not to participate in the use of the electronic key and lockbox system and acknowledge receipt of Section 15 of the GPAR MLS Rules. I understand that use of another Subscriber/Participant’s key/lockbox is strictly prohibited and may subject those involved to a fine and/or termination of participation in the MLS. I understand that the key is an integral part of the lockbox system (the key is necessary to install and remove lockboxes and to read activity for the listing) and that the rules prohibit the use of lockboxes on my personal listings. I also understand that I am personally responsible to make arrangements with the listing agent/broker to show properties listed with the Greater Pocatello Association of REALTORS® MLS. I acknowledge that arrangements to show my personal listings must be made with the cooperation of myself and/or my designated broker.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **MLS RULES RELATING TO ELECTRONIC LOCKBOX SYSTEM**

**Section 15. MLS Rules Relating to Electronic Lockbox System:** The Greater Pocatello Association of REALTORS® Multiple Listing Service has adopted an Electronic Key and Lockbox system for use by its Participants.

**Keyholders:** Every MLS Participant and Subscriber who is legally eligible for MLS access may obtain and hold an Electronic Key for use with the Electronic lockbox system subject to his/her execution of a lease agreement with the designated lockbox system provider. No one shall be required to lease a key from the MLS except on a voluntary basis.

**Electronic Key Security Requirements:** All eligible key holders and lockbox users must adhere to the following security requirements:

- a. Electronic key must be in the Key Holder's possession or in a safe place at all times.
- b. Key Holder must not allow his/her Personal Identification Number (PIN) to be attached to the key and must keep the PIN confidential.
- c. Key Holder must not loan the electronic key to any person for any purpose whatsoever, or to permit the electronic key to be used for any purpose by another person. "Other person" includes but is not limited to spouses, appraisers, lenders, utility agents, builders, inspectors, brokers, salespersons, prospective purchasers or sellers, or anyone else.
- d. Key Holder must immediately notify the MLS if the Electronic Key is lost or stolen and provide the circumstances surrounding the loss or theft.
- e. Permission to show property must be in accordance with Section 2 of these Rules & Regulations. The Electronic Key must not be used to enter a property without permission.

**Lockboxes:** A Participant may obtain a sufficient quantity of electronic lockboxes from the MLS for use on any property for which it has a current listing agreement and the written permission of the Seller. Lock boxes may not be placed on a property without written authority from the seller. This authority may be established in the listing contract or in a separate document created specifically for the purpose. Inclusion in MLS compilations cannot be required as a condition of placing lock boxes on listed property.

Electronic lockboxes may not be placed on unlisted properties.

Electronic lockboxes may only be used by authorized Keyholders of the lockbox system and violators may be subject to a fine.

In the event of loss, theft, or damage to an electronic lockbox, the Participant to whom the lockbox has been issued will be responsible to pay its replacement cost.

**Procedure for Showing Listings with Lockboxes:** Cooperating Participants and Subscribers MUST contact the listing Participant in advance to disclose their agency status and to arrange appointments to show listed property, even if the property has a lockbox affixed to it, UNLESS the listing Participant has given specific permission (through information published in the MLS or otherwise) to show the property without first contacting the listing Participant. Failure to follow this requirement may result in the imposition of sanctions by the MLS Board of Directors in accordance with these Rules & Regulations.

**Fines:** The MLS may fine a Participant or Subscriber a minimum of \$500.00 and a maximum of \$5,000.00 for violations of this section, and participation in the MLS may be terminated.

If a Participant or Subscriber fails to report an unauthorized entry into a property and it is substantiated by another party, that Participant or Subscriber may be fined a minimum of \$500.00 and a maximum of \$5,000.00, and participation in the MLS may be terminated.

If a Key Holder uses an Electronic Key for unauthorized entry into a property, the Key Holder may be subject to a fine in the maximum amount of \$5,000.00, expulsion from the MLS, and civil and criminal penalties.

***RECIPROCAL USER AGREEMENT***  
***(READ-ONLY ACCESS)***  
*Snake River Regional Multiple Listing Service*

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

I agree as a condition of participation in or access to the Snake River Regional Multiple Listing Service to abide by all relevant Policies and Procedures, Bylaws, Rules and Regulations and other obligations of participation. I further agree to be bound by the Code of Ethics on the same terms and conditions as regular subscribers/participants, including the obligation to submit to ethics hearings and the duty to arbitrate contractual disputes with other REALTORS® in accordance with the established procedures of the SNRRMLS. I understand that a violation of the Code of Ethics may result in termination of my MLS privileges and that I may be assessed an administrative processing fee which could be in addition to any discipline, including fines, that may be imposed.

***New Users Only*** –

Requested MLS User Login: \_\_\_\_\_

Requested MLS Password: \_\_\_\_\_

(Navica users prior to 9-30-2005 will continue to use current login and password.)

\_\_\_\_\_  
**Signature of Reciprocal User**

\_\_\_\_\_  
**Date**