# HEARTLAND ASSOCIATION OF REALTORS®, INC. BROKER/APPRAISER/AGENT APPLICATION FOR MEMBERSHIP

## 815 US 27 South, Sebring, FL 33870 Phone 863-385-6014~ Fax 863-385-4944 e-mail sheila@heartlandrealtors.org

### **SECTION 1: LICENSEE**

Name as shown on license		
Nickname/DBA		
Real Estate License #		Date License Issued
Licensed/Certified Appraiser Yes	No	Appraisal License #
Home Address		Mailing address
City	_State _	Zip
e-mail	Ce	ll phone #
WEB page address		Fax #
my check in the amount of \$ 100.00 monthly) for my Dues, payable to H Application fees are non-refundable In the event of my election, I agree the Association of REALTORS®, which Bylaws and Rules and Regulations of and the National Association. I und obligations that require compliance, periodic Code of Ethics training as a continued membership.	p in the for a of leartland. In the coordinate of the algorithm I under specification of the coordinate of the algorithm.	above named Association and am enclosing ne time application fee and \$125.00 (pro-rated ad Association of REALTORS®, Inc e event of non-election, dues will be refunded. by the Code of Ethics of the National des the duty to arbitrate, and the Constitution, pove named Association, the State Association membership brings certain privileges and estand that I will be required to complete d in the Association's bylaws as a condition of
Signature of Applicant		
Date		

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an Ethics Complaint or Arbitration Request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending Ethics or Arbitration Proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in Arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have been established previously as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

NOTE: Dues payments to the Heartland Association are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

#### **SECTION 2: LICENSEE**

I hereby submit the following information for your consideration:
Name, as you want it to appear on MLS Roster
Name of Real Estate/Appraisal Firm
Office Address
State position with firm: Principal Partner Corporate Officer Branch Office Manager Non-Principal Licensee Majority Shareholder
Company Information State whether: Sole Proprietor DBA Partnership Corporation LLC
Password for Matrix(this is for you to determine, and must be 8 characters and include at least one number)

## **SECTION 3: LICENSEE**

years, any complaints lother Government Age	before any State Real Estate/Appraisal Regulatory Agencency?	ey or any
Yes	No	
1 1	y the substance of each complaint, the State complaint was ich the complaint was made, and the current status or reso	
		-
Have you ever been co Yes No	onvicted of a felony or misdemeanor?	
If "Yes" please specify	details including the State and Court of Conviction.	
		- - 1
	Estate/Appraisal License in Florida or any other state that suspended or involuntarily inactivated?	nas
Yes	_No	
If "Yes" please specify circumstances relating	the Place(s) and Date(s) of such action and detail the thereto.	
		_

Are there any pending or unresolved complaints, or have there been within the past 5

Yes No If "Yes" please specify state and license #.	te license in any other state?
Resident in Highlands County since	
Previous Residence	
Are you currently a member of any other real NATIONAL ASSOCIATION OF REALTOR	
Name of Association	NRDS #
Have you/are you participating in another Mu	Itiple Listing Service?
Yes No	
Name, Where and When?	
SECTION 4: LICENSEE	
I HEREBY CERTIFY THAT THE FOREGO CORRECT, AND THAT I AGREE THAT FA ACCURATE INFORMATION AS REQUES' FACT, MAY BE GROUNDS FOR TERMINA HEARTLAND ASSOCIATION OF REALTO	AILURE TO PROVIDE COMPLETE AND TED, OR ANY MISSTATEMENTS OF ATION OF MY MEMBERSHIP IN THE
Signed:	Date:
Please Print Name Here	
<ul> <li>Please attach copy of Real Estate License</li> <li>Please attach copy of Drivers License</li> </ul>	nse

#### PRORATION OF ASSOCIATION DUES

Association Application and Dues payable to the Heartland Association of REALTORS®, Inc.

Association dues required to join the Heartland Association of REALTORS®, Inc. are composed of three parts: National, State and Local. If an applicant has belonged to another Association during the current year, they may not owe the NAR and/or FAR dues. If you are coming from another board and have paid the dues, please provide a letter of Good Standing. Dues are based on the calendar year.

All figures apply to new applicants only. The pro-ration is based upon the day the applicant makes application, but should be within 30 days of becoming affiliated with a member Broker by licensure with the Florida Real Estate Commission. All fees and dues must accompany the application in order to be processed.

#### **NEW MEMBER ASSOCIATION FEES:**

Local Association Application Fee: (ONE TIME) \$ 100.00 Heartland Association of REALTORS®, Inc. (YEARLY DUES) \$ 125.00

The Multiple Listing fees will be billed to your Broker on a monthly basis. The cost is \$40.00 per agent per month for unlimited listings and MLS user fees.

## Heartland Multiple Listing Service 815 US Hwy 27 South Sebring, Florida 33870 Phone 863-385-6014 Fax 863-385-4944 sheila@heartlandrealtors.org

## IF THIS IS A NEW OFFICE, PLEASE COMPLETE THIS APPLICATION FOR BROKER/APPRAISER NEW OFFICE MEMBERSHIP AS WELL.

Thank you for your inquiry concerning the Heartland Multiple Listing Service.

The Broker of the Real Estate Company is required to become a member. Each licensee under the Broker is required to be a participant as well. If you are joining as a Branch, kindly send along the occupational license and license from DBPR for that Branch. There are no exceptions.

Kindly complete the attached application and branch certification and return to this office with your check made payable to Heartland Multiple Listing Service. Upon receipt, your application will be processed. The DBPR will be contacted to verify each licensee in the office and packages will be sent to the office for each person, with the By-Laws and Rules and Regulations governing the HMLS. Included in the package will be the url to access HMLS's Matrix platform.

Along with your completed application and check, kindly sign the bottom of this letter and return as well. Once again, thank you for your interest in our Board and we look forward to being of service to you.

Company information: Sole Liability Company)	e Proprietor	Partnership	Corporation	LLC (Limited
Office Name:				
Office Address:				
Office Mailing Address:				
Office phone #	f	ax#		
Office email:				-
Office web page:				-
Your position: Principal	Partner	Corporate Offi	cer Branch	Office Manager

Have you ever been refused membership in any other Association of REALTORS®?  Yes No
If yes, please 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:
Have you or your firm been found in violation of state real estate/appraisal licensing regulations within the last three years?
Yes No
If yes, please 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.  Yes No
If yes, please 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 Association, I shall pay the fees and dues as from time to time established.

NOTE: Payments to the Heartland Association 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.

MLS NEW OFFICE	APPLICATION FEE
ONE TIME	\$150.00

Sheila Richards
Executive Director

The Multiple Listing fees will be billed to the Broker or Appraiser on a monthly basis. The cost is \$40.00 per agent per month for unlimited listings and MLS user fees.

Dated:	Signature:	
Broker Acknowl	edgement	
Service. The inf	2	ership in the Heartland Multiple Listing d accurate to the best of my knowledge. being denied.
Broker		
Yours Sincerely,		