

Ozaukee REALTORS® Association
Membership Application



I, _____ hereby apply for membership in the Ozaukee REALTORS® Association (ORA) as a: ___Realtor® Member, ___Designated Realtor® Member, ___Affiliate Member with the intention of holding a ___Primary Membership, ___Secondary Membership.

Please read carefully:

Enclosed in my check for the amount of \$ _____ (see proration sheet on the **Dues Page** for the Ozaukee Realtors Association www.ozaukeerealtors.com) which I understand will be returned to me in the event that I am not accepted to membership in ORA. In the event my application is approved, I agree, as a condition of membership, to complete the mandatory Orientation course provided by ORA to all new members. I agree to thoroughly familiarize myself with the Code of Ethics of the National Association of Realtors® (NAR), including the duty to 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:

Name as shown on License _____
Real Estate License Number (if applicable) _____
Home Address _____
Home Phone Number _____ Cell Phone Number _____
Personal E-Mail _____
Date of Birth _____

Has your real estate license, in this or any other state been suspended or revoked? ___yes ___no
If "yes", please explain: _____

_____ (attach additional sheets as necessary)

Have you ever been convicted of a felony? ___yes ___no

If "yes", please explain: _____
_____ (attach additional sheets as necessary)

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 _____
 Visa MasterCard Check Number _____ Make Checks Payable to: Ozaukee Realtors Association
CC# _____ Exp Date _____ Billing Zip Code _____

Please return this form to:

Ozaukee Realtors Association
W63 N545 Hanover Avenue
Cedarburg, WI 53012

or

Fax: 262/375-1019
(Credit Card Users Only)