



**Section C – Designated REALTORS® (Broker/Owner) Information**

1. Please state the name of each principal, partner, corporate officer or trustee of your firm. Attach separate sheet.
2. Please provide three business references in the space below:

NAME	ADDRESS	PHONE
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		

**All Applicants Read & Sign Below**

I certify that all information given is complete and accurate and hereby authorize verification of data. I completely release the La Crosse Area REALTORS® Association from any liability for either accepting or rejecting my membership. I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws, Rules and Regulations of the above named Association, the State Association and the National Association. In addition I agree to satisfactorily complete an Orientation program within two sessions of application or a \$100 fine will be paid. An additional fine of \$100 will be paid for each missed Orientation thereafter. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not the basis of any action by me for slander, libel or defamation of character.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dues are non-refundable, please initial \_\_\_\_\_

**For L.A.R.A. Office Use Only**

Join Date \_\_\_\_\_ [ ] Designated REALTOR® [ ] REALTOR®

Dues Paid \$ \_\_\_\_\_ Payment Type \_\_\_\_\_

Office ID \_\_\_\_\_ Agent Code \_\_\_\_\_

Password \_\_\_\_\_ Notify Metro Email \_\_\_\_\_

ACT! \_\_\_\_\_ NRDS# \_\_\_\_\_

Membership Committee \_\_\_\_\_ Dues sent on: \_\_\_\_\_

Newsletter \_\_\_\_\_

Online Ethics Training Completion Date \_\_\_\_\_

Orientation \_\_\_\_\_

Directors \_\_\_\_\_