



**CAPE COD & ISLANDS**  
ASSOCIATION of REALTORS®, INC. &  
MULTIPLE LISTING SERVICE, INC.

## CCIAOR Designated REALTOR® Application

This membership application is for individuals who wish to join The Cape Cod & Islands Association of REALTORS® (CCIAOR) as the Designated REALTOR® of their firm but do not desire access to the Cape Cod & Islands Multiple Listing Service (CCIMLS). The Designated REALTOR® must be a sole proprietor, partner, corporate officer or branch office manager acting on behalf of the firm principal(s) and must meet all other qualifications for membership as established in the CCIAOR Bylaws. The Designated REALTOR® shall be responsible for all duties and obligations of membership including the obligation to arbitrate pursuant to the Code of Ethics and the payment of dues and fees as established in the governing documents of CCIAOR.

### The following must be submitted with your application:

Copy of your Massachusetts salesperson, broker or appraiser license

If applying for secondary membership or transferring from another Association, include a letter of good standing from your primary / past board or have the letter emailed to: [support@cciaor.com](mailto:support@cciaor.com)

### Submit your application and documents via email to [support@cciaor.com](mailto:support@cciaor.com) or mail to:

Cape Cod & Islands Association of REALTORS  
Attention: Membership  
22 Mid-Tech Drive  
West Yarmouth, MA 02673

### Upon receipt of your application package:

- ◆ The Association office staff will review this information, and will (1) accept the application administratively if all information is complete and appropriate payments have been made, or will (2) notify you that membership will be delayed until the problem is resolved. In this instance, the application will not be processed, nor will services of the Association or MLS begin until your application is administratively approved.
- ◆ You will receive a welcome email when your application has been administratively accepted, along with membership identification information and access credentials to your Member Dashboard. This can take up to 4 business days, although we strive to process applications and begin services as quickly as possible.
- ◆ Upon administrative approval, your membership information will be added to a master database for immediate access to services provided by the Cape Cod and Islands Association of REALTORS® (CCIAOR), the Massachusetts Association of REALTORS® (MAR) and the National Association of REALTORS® (NAR). Your name and office affiliation will be announced to the membership as an applicant on file with provisional membership status. All inquiries to the Association will be informed of your active status with the Association of REALTORS®.
- ◆ **You will be afforded 180 days to attend Designated REALTOR® Orientation and new member Code of Ethics training.** In the event your provisional membership is terminated for failure to meet your new member requirements, no refunds will be provided. Additionally, submission of a new application and application fee will be required to reapply for provisional membership and current year dues, if not already remitted, will be due and payable.  
**Please Note** - Designated REALTOR® Orientation is only offered in-person from 9:00am- 4:00pm on select weekdays. If this is a concern, please contact our Education Department by calling 508-957-4311 or emailing [education@cciaor.com](mailto:education@cciaor.com) before submitting your application.



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<b>FOR INTERNAL STAFF USE ONLY</b>		Revised: 11/13/18
Application Rec'd:	Provisional Accepted:	Orientation Date:
NRDS #:	MLS User ID:	Assigned Password:

<b>Applicant Information</b>		
Name as it appears on license:		
Home Address:		
City:	State:	ZIP Code:
Office Name and Address:		
City:	State:	ZIP Code:
Mobile Phone:	Office Phone:	Other Phone:
Preferred Mailing Address: <input type="checkbox"/> Office <input type="checkbox"/> Home	Preferred Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Office <input type="checkbox"/> Other	
Email:	Website:	
Birthdate:		
Real Estate License #:	Real Estate License Expiration Date:	
License Type: <i>Please include a copy of your active license with this application</i> <input type="checkbox"/> Broker <input type="checkbox"/> Sales <input type="checkbox"/> Appraisal		
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:		
Has your real estate license, in this or any other state, been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:		
CCIAOR Membership Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary ( <i>must have REALTOR® membership with another Association</i> ) If selecting Secondary Membership, enter your NRDS #: <i>If selecting secondary membership OR if transferring from another Association, you must include a letter of good standing from the Association where you currently hold membership with this application OR have the Association email the letter to: <a href="mailto:support@cciaor.com">support@cciaor.com</a></i>		



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**Have you EVER held REALTOR® membership in any other Association?**

Yes  No

**If yes, please specify:**

**If yes, enter your NRDS #:**

*If transferring from another Association, you must include a letter of good standing from the Association where you currently hold membership with this application OR have the Association email the letter to: [support@cciaor.com](mailto:support@cciaor.com)*

**Have there ever been any complaints/cases against you before any real estate association, state real estate regulatory agency or any other agency of government within the last three years?**

Yes  No

**If yes, please specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint:**

**Have you ever been convicted of a felony?**

Yes  No

**If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and state and court of conviction:**

**Are you 18 or older?**

Yes  No

**Do you certify that you are a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States?**

Yes  No

*Application continued next page*



**Office Information**

Real Estate Business License Number:

Real Estate Business License Expiration Date:

Company Structure

Sole Proprietor  Partnership  Corporation  LLC (Limited Liability Company)

Is the Office Address, as listed above, your principal place of business?

Yes  No

If no, or if you have any branch offices, please indicate and give address(es):

Your Position

Principal  Partner  Corporate Officer  Majority Shareholder  Branch Office Manager

Names of other Partners/Officers of your firm (if any):

**Designated REALTOR® Fee Responsibilities**

If you are applying for PRIMARY membership with CCIAOR, you must submit the names of every real estate salesperson, broker and licensed or certified appraiser who is employed by or affiliated as independent contractors, or who is otherwise directly or indirectly affiliated with your firm. These individuals will either need to hold REALTOR® membership currently or will need to apply for REALTOR® membership with CCIAOR or another local REALTOR® Association. As the Designated REALTOR® Member, you are responsible for the annual dues of all licensed individuals affiliated with you and will be charged a non-member assessment (equivalent to annual dues membership) for any licensees affiliated with you who do not hold REALTOR® membership.

LICENSEE NAME	LICENSE # AND TYPE	LICENSEE PREFERRED PHONE NUMBER	DOES LICENSEE HOLD REALTOR® MEMBERSHIP? IF SO, WHERE?

Check here if additional agent certification pages are attached.



## Payment Information

There is a \$100 application fee for CCIAOR Designated REALTOR® membership. REALTOR® dues for new members are prorated monthly. Total payment should be the sum of the application fee (\$100) and CCIAOR prorated dues (based on month joining).

**Application Fee**            **\$100.00**  
**CCIAOR Annual Dues**   \$ \_\_\_\_\_ (see CCIAOR Annual Dues Schedule below)  
**Total Payment Due**    \$ \_\_\_\_\_

### CCIAOR Prorated Dues Schedule - 2018

See schedule below for **primary\*** membership costs inclusive of local, state and national dues. Enter amount above based on the month you are applying. Amount paid will cover membership through the end of the calendar year.

November    \$126.00  
December    \$85.00

**Please Note - 2019 Annual Dues amount to \$576 and are due by January 1st, 2019. Once your membership has been processed you will receive an email with information about payment options for your 2019 Dues.**

\*If you are applying for **secondary** membership with CCIAOR, you only need to pay local dues. Please contact us (508-957-4300) and we will provide the prorated amount for your membership dues.

### Payment Method

- Check Enclosed.** Payable to: Cape Cod & Islands Association of REALTORS®, Inc.
- Credit Card.** By checking this box, I authorize CCIAOR to charge my credit card the sum of the application fee (\$100) and CCIAOR prorated dues (based on month joining).

Cardholder Name:

Billing Address:

City:

State:

Zip Code:

Credit Card Number:

Expiration Date:

Security Code (CSV):



## Membership Agreement

*I hereby apply for REALTOR® Membership in the Cape Cod & Islands Association of REALTORS® and understand that, if accepted, I shall be designed the "Designated REALTOR®" and shall accept responsibility for the real estate and appraisal licensees affiliated with my office.*

*I am enclosing payment of an application fee plus my prorated annual dues payable to the Cape Cod & Islands Association of REALTORS®. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I agree that, if accepted for membership in the Board, I shall continue to pay the fees and dues owed by me and my firm, as from time to time amended. Note: A portion of the dues payments are tax deductible as ordinary and necessary business expenses, in an amount established and noticed each year.*

*I agree to attend Designated REALTOR® Orientation and New Member Code of Ethics training within 180 days of confirmation of my membership to the Cape Cod & Islands Association of REALTORS®. I acknowledge that failure to meet this requirement may result in having my membership terminated and in the event of termination, no refunds will be provided. I also 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. 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 member requirements not be completed within time frame established in the Association's Bylaws.*

*I agree to, upon my own initiative, thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS® and with the governing documents of the Cape Cod & Islands Association of REALTORS® which are continually available on the Board's website: <http://cciaor.com/info/> I agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Code of Ethics, Bylaws, Rules, Regulations and Policies and duty to arbitrate, all as from time to time amended. I understand that a violation of the Code of Ethics may result in termination of REALTOR® 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. This includes compliance with the Bylaws and Rules and Regulations by all persons affiliated with me.*

*By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any may contact me at the specified address, telephone 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.*

*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.*

**Signature of applicant:**

**Date:**