For Office Use Only: MLS Log-in # _____ MLS Password _____
M1 # _____ Supra I.D. _____ Supra PIN _____
References:_____Orientation:_____Roster:_____Approved:_____Dues Sent_____
E-Mail:_____ LCBR Board: _____ NL: _____

APPLICATION FOR LICKING COUNTY BOARD OF REALTORS®
SECONDARY MEMBERSHIP

This application must be filled out completely & returned to the Board office via email. Once application has been processed you will receive an invoice via email. A check can be made payable to: Licking County Board of REALTORS®

Licking County Board of REALTORS®
57 N. Third Street
Newark, OH 43055 Phone 740-345-2151
Leslie Thoman, Chief Executive Officer
lcbr@lickingcountyrealtors.com

Member: National Association of REALTORS®
& Ohio Association of REALTORS®

( )Broker ( ) Salesperson Date of Application_____
( )Mr., ( ) Mrs., ( ) Miss, ( ) Ms.

Name as shown on license: _____

Name Preferred For Records: _____

Real Estate File Number: _____ ( ) Salesperson ( ) Broker

Home Address: _____ City: _____ State: ___ Zip: _____

Real Estate Company: _____ Branch: _____ (if applies)

Company Address:_____ City: _____ State: _____ Zip: _____

Business Phone: _____ Cell #: _____ Home Phone: _____

Business Fax: _____ Email: _____

****

Are you an American Citizen or have a permit to work in the United States? **Yes or No**

List two people in this vicinity who know you well and who we may use as a reference.
(Excluding relatives, sponsoring broker, sponsoring broker associates)
NAME TELEPHONE OCCUPATION

_____

_____

Have you ever been convicted of a felony? **Yes or No**

Are you currently or have you been a member of a Real Estate Board? **Yes or No**
If yes, The Name of the Board in which you belong _____
Dates of membership: ____/____/____ ____/____/____ ____/____/____

*********Please fill out Page 2********

LICKING COUNTY BOARD OF REALTORS®
Application for Membership - Page 2

Enclosed is my check in the amount of $____ for membership dues plus one time application fee of $60. I understand that dues are not refundable if I'm accepted to membership but will be returned to me in the event that I'm not accepted to membership. Dues are paid annually and are due December 31st of each year. I will take the initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REAALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Board and the Constitutions, Bylaws, and Rules and Regulations of the above-names Board, the State Association and the National Association. I further agree to complete satisfactorily a reasonably and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Regulations and duty to arbitrate, all as from time to time may be amended. Finally, I consent and authorize the Board, through its membership committee or otherwise, to invite and receive information and comment about me from any member or other person. I agree that any information and comment furnished to the Board by any member or to his/her person in response to any such invitation, shall be conclusively deemed privileged and do not form the basis of any action by me for slander, libel or defamation of character.

NOTE: Applicant acknowledges that if he/she is accepted as a member and then subsequently resigns or is expelled from membership in the Board due to an ethics complaint or arbitration request pending; The Board of Directors may issue a conditional renewal of membership upon applicant's verification that he/she will follow the pending ethics or arbitration proceeding, and will abide by the decision of the Hearing Panel. If in arbitration, the Board of Directors may issue a conditional renewal of membership. This conditional renewal of membership may be issued upon payment of the award, plus any costs that have been previously established as due and payable in relation to the complaint. This will take place providing the award and/or any other costs due to the complaint have not been otherwise satisfied in the interim.

Date________________ Applicant's Signature____
****
!!**IMPORTANT**!!
Would you like information on joining a Licking County Board of REALTORS® Committee?
Yes or No

Would you like more information on volunteering in Licking County? **Yes orNo**

FOR BOARD USE ONLY:
1. Application filled out properly? ( ) Yes ( ) No
2. Do references check out? ( ) Yes ( ) No
3. Has applicant attended the Orientation Class? ( ) Yes ( ) No
Revised 5/20/2025
E:\LCBR Documents\BD DOCS\New Member\Board App