



Cheyenne Board of REALTORS®

500 E. 18th Street

Cheyenne, WY 82001

307-634-0363 | 307-635-3209

cbr@cheynnerealtors.com | mls@cheynnerealtors.com

www.cheynnerealtors.com

## MEMBERSHIP APPLICATION

I hereby apply for ☐ REALTOR® or ☐ Designated REALTOR® (Broker) membership in the Cheyenne Board of REALTORS®, and will provide payment in the amount of \$400 for a one time application fee and \$ \* for my membership dues.

*\*see Membership Dues Schedule to calculate amount of dues payable.*

I submit the following information for your consideration:

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*As it appears on your real estate or appraiser license*

Home Address: \_\_\_\_\_  
*Street Address City State ZIP*

Mailing Address: \_\_\_\_\_  
*Street Address City State ZIP*

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*Month / Day / Year*

### LICENSE AND OTHER INFORMATION

Real Estate License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Associate License was Obtained: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Broker License was Obtained (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Licensed/Certified Appraiser? ☐ Yes ☐ No

Appraiser License Number (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\* In what type of real estate do you specialize? \_\_\_\_\_

\*\* What languages are you proficient in? \_\_\_\_\_

\*\* Primary Field of Business: ☐ General Real Estate ☐ General Commercial Sales/Leasing  
☐ Land Sales/Leasing ☐ General Appraisal

*Applicant Initials*

\*\* This information will assist the board in establishing historical data regarding its members.  
Information furnished will not be used in evaluating an applicant's qualifications for membership.

## COMPANY INFORMATION

**Office Name:** \_\_\_\_\_

Are you a principal, partner, corporate officer or branch office manager? ☐ Yes ☐ No

**If yes, please complete the remaining company information below (shaded area):**

### **For Responsible Broker**

Company Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

☐ Other: \_\_\_\_\_

Position in the Company:

☐ Principal ☐ Branch Office Manager ☐ Nonprincipal Licensee ☐ Other \_\_\_\_\_

☐ Partner ☐ Corporate Officer ☐ Minority Shareholder

Names and titles of all other Principals/Partners/Officers of your firm (attach separate sheet if necessary):

Office Address: \_\_\_\_\_  
*Street Address City State ZIP*

Office Mailing Address: \_\_\_\_\_  
*Street Address City State ZIP*

Is the office address above your principal place of business? ☐ Yes ☐ No

If not, or if you have any branch offices, please indicate and give address(es).  
(Attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Office Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Office Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

## PREFERRED MAILING/CONTACT INFORMATION

**Preferred Mailing:** ☐ Home ☐ Office ☐ Home Mailing Address ☐ Office Mailing Address

**Preferred Phone:** ☐ Cell ☐ Home ☐ Office

**Preferred Email:** ☐ Primary Email ☐ Secondary Email

\_\_\_\_\_  
*Applicant Initials*

## APPLICANT INFORMATION

Are you **presently** a member of another Association of REALTORS®? ☐ Yes ☐ No

If “yes,” name of association: \_\_\_\_\_

Type of membership: \_\_\_\_\_

NAR membership (NRDS) #: \_\_\_\_\_

Last date (year) of completion of NAR’s Code of Ethics training requirement: \_\_\_\_\_

Have you **previously** held membership in any other Association of REALTORS®? ☐ Yes ☐ No

If “yes,” name of association: \_\_\_\_\_

Type of membership: \_\_\_\_\_

NAR membership (NRDS) #: \_\_\_\_\_

Last date (year) of completion of NAR’s Code of Ethics training requirement: \_\_\_\_\_

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending?

☐ Yes ☐ No

If “yes,” please provide details as an attachment.

Have you ever been refused membership in any other Association of REALTORS®?

☐ Yes ☐ No

If “yes,” please provide details as an attachment.

Do you hold, or have you ever held, a real estate license in any other state? ☐ Yes ☐ No

If yes, please specify:

Name of State \_\_\_\_\_ License Number \_\_\_\_\_

Have you or any firm with which you have been affiliated with been found in violation of any state real estate regulatory agency or laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years?

☐ Yes ☐ No

If “yes,” please provide details as an attachment.

Have you or your firm been convicted of a felony or other crime?

☐ Yes ☐ No

If “yes,” please provide details as an attachment.

## READ AND SIGN

- I understand the amount paid in membership dues will be returned to me in the event I am not elected to membership and that the application fee is nonrefundable.
- I will attend orientation within 90 days of Association's confirmation of membership. Failure to meet this requirement may result in having my membership terminated.
- In the event of my election, I will abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate and the Constitution, Bylaws, and Policies and Procedures of the Cheyenne Board of REALTORS®, the Wyoming Association of REALTORS®, and the National Association of REALTORS®, as amended from time to time.
- I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Cheyenne Board of REALTORS®' Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within the timeframe established in the association's bylaws. I 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 that if accepted as a Member and I resign or otherwise cause membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon my certification that I will submit to the pending ethics proceeding and will abide by the decision of the Hearing Panel.
- I understand that if accepted as a Member and I subsequently resign or otherwise cause membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while I was a REALTOR®.

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, may be grounds for revocation of my membership, if granted.
- if accepted for membership in the Cheyenne Board of REALTORS®, I shall pay the fees and dues as from time to time established.

**NOTE:** Payments to the Cheyenne Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. Dues are non-refundable.

By signing below I consent that:

- the Cheyenne Board of REALTORS®, will maintain a membership file of information which may be shared with other boards/associations where I subsequently seek membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the board/association or its MLS.
- The Cheyenne Board of REALTORS®, Wyoming REALTORS®, and National Association of REALTORS®, and their subsidiaries, if any, 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.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Applicant Initials*