



**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 (grey shaded area):*

**Only fill out this section if applying as 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.

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

**READ AND SIGN**

- 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