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MIAMI HQ  
 Coral Gables  
 Northwestern Dade  
 West Broward | Sawgrass  
 Northeast Broward  
 Jupiter | JTHS

www.miamirealtors.com | membership@miamire.com

Text **JOIN** to **29500** to receive association notifications and alerts\*  
 \*Message and data rates may apply

**\*Denotes Required Fields - Application will NOT be processed without this information**

**APPLICATION FOR MEMBERSHIP** Email to: [membership@miamire.com](mailto:membership@miamire.com)

\* **Name:** \_\_\_\_\_ \* **E-mail:** \_\_\_\_\_

As a MIAMI Member I grant the MIAMI Association of REALTORS® the right to permission based e-mail marketing/text messaging - as with all members, I am aware that I am provided the opportunity to unsubscribe per the CAN-Spam Act & the Telephone Consumer Protection Act (TCPA).

\* **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \* **Contact Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

\* **Home Address:** \_\_\_\_\_

\* **Company:** \_\_\_\_\_ \* **Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ \* **Fax:** \_\_\_\_-\_\_\_\_-\_\_\_\_

\* **Company Address:** \_\_\_\_\_

\* **For Brokers Only: Corporate License Number:** \_\_\_\_\_

**Membership:**  Designated REALTOR®  REALTOR®  REALTOR-Associate® **Secondary:**  DR®  R®  RA®

**Languages:**  Spanish  Portuguese  French  Italian  German  Russian  Other: \_\_\_\_\_

Mark all languages you speak.

\* **License Number:** \_\_\_\_\_  Broker  Broker Associate  Sales Associate **Designations:** \_\_\_\_\_

**Association:**  Residential  Commercial  Both (Choose primary – additional fee) **Optional (FREE)**  Int'l Council

**Preferred Mail:**  Home  Office **Preferred Billing:**  Mail  E-mail

\* **How did you hear about MIAMI:**  Broker Referral  Agent Referral  Postcard  E-mail  Other: \_\_\_\_\_

**Have you ever belonged to another REALTOR Association?**  Yes  No - If Yes, where? \_\_\_\_\_

**Payment** **(COMPLETED APPLICATIONS WILL BE PROCESSED WITHIN 48HRS. UPON RECEIPT)**

In Full Enclosed  2 Payments [CLICK HERE for Dues Structure](#)

\* **Credit Card**  VISA  MC  AMEX  Discover

\* **CC#:** \_\_\_\_\_ \* **Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CVC#:** \_\_\_\_\_

I agree as a condition to membership to complete the Orientation Course and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS® including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitution, Bylaws, and Rule and Regulations of the above named Association, the State Association and the National Association. I further agree to satisfactorily complete a reasonable and nondiscriminatory written examination as may be required covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. **I further understand that as stated in Bylaws Art.IV, Sect 2(c) Membership fees and dues can be transferred from one category of membership to another and are NON-REFUNDABLE. Dues payments are not deductible as charitable contributions. Such payments may be deductible as an ordinary and necessary business expense.**

I acknowledge that if accepted as a member and I subsequently resign or am expelled from membership with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon my verification that I will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if I resign or expelled from membership without having complied with an award in arbitration, the Board of Director may condition renewal of membership upon my payment of the award plus any costs that have previously been established as due and payable, in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied. I agree if accepted for full membership in the association, I shall pay the fees and dues as from time-to-time established.

I hereby certify that all of the information herein contained 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.

- Upon acceptance of my application and fees, I understand that I am granted provisional membership with temporary rights and responsibilities of membership and that my application fees or dues paid are **NON-REFUNDABLE**.
- I understand my acceptance to full membership will not be final until I complete my Orientation Course obligations and the approval process.
- I further understand that if I fail to successfully complete an Orientation Course within sixty (60) days of application without a reason considered valid and acceptable by the Association and the granting of an extension, that all fees and monies paid shall be forfeited and my application and provisional membership will automatically be terminated.

The undersigned subscriber acknowledges registration of the Public and Private ID numbers for us by Subscriber in connection with the M.L.S. On-Line System. Subscriber further acknowledges and accepts full responsibilities for the confidentiality and security of set ID number. In the event of disclosure and or use ID number by anyone other than the subscriber, a fine of \$1,000.00 will be assessed by the Miami Multiple Listing Service against that subscriber. In the event the subscriber requests a fax copy of this statement, the Association is not held responsible for disclosure or misuse of the ID number by anyone other than the subscriber.

\* **Signature:** \_\_\_\_\_ \* **Date:** \_\_\_\_\_