REALTORS® Commercial Alliance of Massachusetts



288 Littleton Road, #17 Westford, MA 01886 Phone: 508-556-7613 Website: www.RealtorsCommercialAllianceMA.org

To the REALTORS® Commercial Alliance of Massachusetts, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$

dues payable to REALTORS® Commercial Alliance of Massachusetts. My initial year dues will be returned to me in the event of non-election. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association, and if required, 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 Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within 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.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

* See enclosed schedule. I hereby submit the following information for your consideration:

Name:		
	:	
Licensed/certified app	oraiser: [\square] Yes [\square] No	Appraisal License #:
Office Name:		
Office Address:		
Phone:	Fax:	E-Mail:
Residence Address:		
Phone:	Fax:	E-Mail:
Cell Phone:	Preferred Mailing: [\square] Home [\square] Office Preferred Phone: [\square]Home [\square] Office
If yes, name of Assoc Have you been found	iation and type of membership held: in violation of the Code of Ethics or	r other membership duties in any Association of REALTORS® in the past [\[\] Yes [\] No (If yes, provide details as an attachment.)
Are you a principal,	partner, corporate officer or bran	nch office manager? [\square] Yes [\square] No
information as requested for membership in the E	d, or any misstatement of fact, shall be g Board, I shall pay the fees and dues as fro tts are not deductible as charitable contri	is true and correct, and I agree that failure to provide complete and accurate rounds for revocation of my membership if granted. I further agree that, if accepted om time to time established. NOTE: Payments to the REALTORS® Commercial ibutions. Such payments may, however, be deductible as an ordinary and necessary
contact me at the specifito changes in contact in	ied address, telephone numbers, fax num formation that may be provided by me to	(local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may abers, email address or other means of communication available. This consent applies the Association(s) in the future. This consent recognizes that certain state and ving to receive all communications as part of my membership.
Dated:	Sig	mature:

REALTORS® Commercial Alliance of Massachusetts, Inc.

2023 REALTOR® Dues Breakdown

*Renewing members pay the January Rate, New Members are prorated for the month they join.

	Local DUES: REALTORS® Commercial Alliance of Massachusetts	Mass. Assn. of REALTORS® DUES	National Assn. of REALTORS® DUES	NAR Special Assessment (REALTOR® Image Advertising Campaign)	REALTORS® Political Action Committee (RPAC) Optional Donation	TOTAL
January	\$260.00	\$171.00	\$150.00	\$45	\$25	\$651.00
February	\$238.33	\$156.75	\$137.50	\$45	\$25	\$602.58
March	\$216.66	\$142.50	\$125.00	\$45	\$25	\$554.16
April	\$194.99	\$128.25	\$112.50	\$45	\$25	\$505.74
May	\$173.32	\$114.00	\$100.00	\$45	\$25	\$457.32
June	\$151.65	\$99.75	\$87.50	\$45	\$25	\$408.90
July	\$129.98	\$85.50	\$75.00	\$45	\$25	\$360.48
August	\$108.31	\$71.25	\$62.50	\$45	\$25	\$312.06
September	\$86.64	\$57.00	\$50.00	\$45	\$25	\$263.64
October	\$64.97	\$42.75	\$37.50	\$45	\$25	\$215.22
November	\$43.30	\$28.50	\$25.00	\$45	\$25	\$166.80
December	\$21.63	\$14.25	\$12.50	\$45	\$25	\$118.38

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