



MEMBERSHIP: (561) 997-8266 | Fax: (561) 241-3127
3200 Military Trail, Suite 102, Boca Raton, FL 33431
Main: (561) 585-4544 | Fax: (561) 585-4348
1 Harvard Circle, Suite 102, West Palm Beach, FL 33409
www.rapb.com Email: memberinfo@rapb.com

Secondary Broker of Record/Designated REALTOR® Member

Secondary Designated REALTOR® Member: You serve as the firm's Broker of Record and you hold an active membership at another REALTOR® association and would like to apply for secondary membership. You are also a sole proprietor, partner, corporate officer or branch office manager acting on behalf of the firm's principal. Secondary membership gives the licensees in your office "Board of Choice" and they may join as either primary or secondary members.

How to Apply for Membership

1. Please verify that your license shows as "current, active" with the Florida Department of Business and Professional Regulations (DBPR) on their www.myfloridalicense.com website.
2. Submit the following documents to Realtors® Association of the Palm Beaches (RAPB) by fax 561-241-3127 or in person:
 - Broker of Record/Designated REALTOR® Membership application
 - A copy of your real estate broker's license
 - A copy of the corporate or branch office license
3. If you are an out-of-state Secondary member, payment for membership includes a one-time application fee plus RAPB and Florida Realtors® (FR) dues. [Click here](#) for Membership Information and Fees for details.
4. Contact Regional MLS, Inc. (RMLS) at prof.services@rmlsfl.com or 561-627-4548 to subscribe to their service. The RMLS website is www.rmlsfl.com.

General Responsibilities of the Broker of Record/Designated REALTOR®

Each firm (or office in the case of firms with multiple office locations) shall designate in writing one REALTOR® member or Appraiser member who shall be responsible for all duties and responsibilities of membership including the obligation to arbitrate (pursuant to Article 17 of the Code of Ethics) and the payment of Association dues (Article X on the NAR bylaws).

The Broker of Record/Designated REALTOR® is responsible to RAPB for the following:

- Notification of all new licensees affiliated with the office
- Notification of all licensees terminated from the office
- Notification of all contact information changes
- Variable Broker Dues for all affiliated licensees who do not become members (pursuant to RAPB bylaws article X, section 2, dues). See below for additional details on Variable Broker Dues.
- Affiliated licensees compliance with the REALTORS® Code of Ethics
- Affiliated licensees compliance with all NAR required activities such as Code of Ethics training.



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Application for Secondary Broker of Record/Designated REALTOR® Membership

I hereby apply for Secondary Broker of Record/Designated REALTOR® Membership in the Realtors® Association of the Palm Beaches (RAPB). My dues and application fee 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® (NAR), which include the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Association, the State Association, and 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 satisfied 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 condition of membership.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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 arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

Dues are prorated according to the month joining. I hereby submit the following information for your consideration.

{ } I hereby apply for Secondary Broker of Record/Designated REALTOR® Membership NRDS# _____

Applicant

Name (as shown on professional license): _____

Nickname (if used): _____ Real Estate License #: SL or BK _____

Email address: (required): _____

Office Name: _____

Office Address: _____ City: _____

Office Phone: _____ Office Fax: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Cell Phone #: _____ Can we text you? (circle one) Y or N

Home Phone: _____ Personal Fax: _____

Bio

The "Bio" information is being collected for reasons of understanding our members and has no basis on membership approval.

Date of birth: _____ Please circle one: M or F Place of birth: _____

Co. Info

Company information: { } Sole Proprietor { } Partnership { } Corporation { } LLC

Your Position: { } Principal { } Partner { } Corporate Officer { } Branch Office Manager

Names of other Partner/Officers of your firm: Please provide on an attachment { } Attachment

Firm license number: _____

Business Info

Is this Office Address, as stated, your principal place of business? { } Yes { } No If no, or if you have any branch offices, please indicate and give address: _____

Have you or your firm ever been found in violation of state real estate licensing regulations within the last three years?

{ } Yes { } No If yes, please provide details in an attachment. { } Attachment

Have you or your firm been convicted, adjudged or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime? { } Yes { } No If yes, please provide details on an attachment. { } Attachment

Do you hold, or have you ever held a real estate license in any other state? { } Yes { } No
If yes, where? _____

Have you ever been refused membership in any other Association of REALTORS®? { } Yes { } No

If yes, state the basis for refusal and provide details on an attachment. { } Attachment

Have you ever been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any such complaints pending? { } Yes { } No

If yes, provide details in an attachment. { } Attachment

Please indicate your NAR Membership (NRDS) #: _____

When is the last date (year) you completed NAR's mandatory the Code of Ethics training requirement? _____

Peronsal Info

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, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Realtors® Association of the Palm Beaches, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Realtors® Association of the Palm Beaches are not deductible as charitable contributions. Such payments may be as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. The 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.

Date: _____ Signature: _____

Payment

I am paying by: { } Check Check#: _____ { } MasterCard { } Visa { } AMEX { } Discover

Credit Card #: _____ Verification code (req. for cc) _____

Expiration Date: _____ Authorization Amount: \$ _____

Name on Card: _____

Address on card, if different than applicants: _____

Cardholder Signature: _____

RAPB USE

Member #: _____ NRDS #: _____

Letter of Good Standing Needed? { } Yes { } No Received? { } Yes { } No

Code of Ethics Needed? { } Yes { } No Orientation Date: _____

Payment Received in: { } Boca { } Lake Worth