

Broker (LTRB) Member- Individual

Individual membership for Licensed Timeshare Resale Brokers.

Broker (LTRB) Members Dues \$500

Broker Membership is for individual brokers, associates or sales agents only; please refer to our Core Member application for companies engaged in resale platforms.

Applicant Contact Information

Name _____		Title _____
Company _____		
<input type="checkbox"/> Business <input type="checkbox"/> Residence		
Mailing Address _____		
City State/Province Postal Code Country _____		
Telephone _____	Fax _____	
Email Address _____	Web Address _____	

Payment Options

Payment must accompany application to be processed.

Check (payable to ARDA in U.S. dollars)

Check number: _____ AMOUNT: \$ _____

Credit Card

ARDA prefers American Express

Visa

MasterCard

| /

Credit Card Number _____ Expiration Date _____

Print Name on Card _____

Today's Date _____

Authorized Signature _____

Authorization code for office use only _____

AMOUNT: \$ _____

While contributions or gifts to ARDA are not deductible as charitable contributions for federal income tax purposes, they may be deductible as ordinary and necessary trade or business expenses. We estimate that 10% percent of members' 2019 dues will be allocable to lobbying and political expenses. Therefore, you should deduct only the remaining 90% of your ARDA dues for federal tax purposes.

Wire instructions at arda.org/membership

How did you hear about us? Minimum 1 Industry Reference (Required)

Real Estate License Information (Required)

License Number: _____ State: _____

License Number: _____ State: _____

License Number: _____ State: _____

I understand that:

My application will be reviewed and vetted by the Membership and Ethics Committee. I am expected to adhere to the Ethics Policy and have no previous disciplinary actions against me. A one time, non-refundable deposit fee of \$250 will be charged and deducted from my \$500 membership fee should my application be denied. The balance of my membership fee in the amount of \$250 will be returned to me promptly and I may reapply to ARDA after 12 months.

Send application and payment to:

American Resort Development Association
Attn: Membership
1201 15th Street, N.W., Suite 400,
Washington, DC 20005
p (202) 371-6700 f (202) 289-8544
e membership@arda.org

www.arda.org

ARDA Code of Standards & Ethics



Now and in the future, I agree on behalf of my company to observe and abide by the ARDA Code of Standards & Ethics.

Signature _____

Date _____

The complete ARDA Code of Standards & Ethics can be found online at www.arda.org/EthicsCode.

Affiliate / Subsidiary Disclosure

Please list all affiliated/subsidiary companies (if any) of applicant doing business in the vacation ownership industry:

Please list all companies (if any) doing business in the vacation ownership industry in which the applicant or its principals are investors: