

OREGON ASSOCIATION OF REALTORS®
LEGAL HOTLINE
2005 SIGN-UP and MEMORANDUM OF UNDERSTANDING

REALTOR® _____

Name of Firm _____

Address _____

Telephone _____ **Fax** _____ **Email** _____

Legal Hotline Fee is \$100.00 for a twelve-month subscription.

Enclosed is check number: _____, dated: _____

Payment by Visa or MasterCard: _____ Exp. date _____

Signature _____

*Please send check payable to OAR Legal Hotline, P.O. Box 351, Salem, OR 97308
or fax credit card payment to: 503-362-9615, attention: Gloria (questions: 1-800-252-9115).*

MEMORANDUM OF UNDERSTANDING

I have received a copy of the brochure entitled "Legal Hotline" which by this reference is incorporated herein and agree that I have read and understand the explanation of the Legal Hotline purpose and operation. I understand that the Legal Hotline is part of OAR's REALTOR® Risk Reduction Program and is intended to keep OAR, its members and member boards/associations apprised of legal developments and concerns involving real estate brokerage and sales. I also understand that **OAR will not be acting as my or my company's attorney by answering my questions.**

I understand and agree that OAR does not assume actual or implied responsibility for any improper use or misuse of responses to questions through this service. I understand and agree that I may not convey or imply to others such as clients, customers or other licensees, any information obtained through this service in such a manner so as to be construed that I am providing legal advice or in such a manner so as to be construed that OAR is rendering legal advice.

I understand and agree that OAR, by providing this service, will not be legally responsible for any potential misrepresentations or errors made by OAR. I understand that neither OAR's Chief Executive Officer/General Counsel nor the staff attorney act as my attorney; no attorney-client relationship is intended nor desired; and questions, answers or other communications on the Legal Hotline are not privileged.

By signing this agreement, I am requesting the assignment of a personal identification number for my exclusive use to access the Legal Hotline. I will not allow any other person, whether an OAR member, client or customer, to access the Legal Hotline with my personal identification number.

I agree that if I cease to be a member of OAR that my access to the Legal Hotline will cease.

Name _____ Date _____

(Signature)

HOTLINE ID NUMBER
(to be completed by OAR)
