



**Application for REALTOR® Membership for
CENTRAL ARIZONA ASSOCIATION OF REALTORS®**

I hereby apply for REALTOR® Membership in the Central Arizona Association of REALTORS®, Inc. and am enclosing my payment for application fees, CAAR dues, and MLS fees. My application fee and 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 Association, 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 “In Person” Orientation within 90 days, not be completed within timeframe established in the Association’s bylaws. Initial here. 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. Initial here**

Note: Dues are prorated based on month joining. If a Primary Membership, State and National dues will be added, if not previously paid within the calendar year. MLS Membership fees are additional.

I hereby submit the following information for your consideration:

Name: _____ NRDS# _____

Real Estate License #: _____ (Please include a copy of your license)

Licensed/certified appraiser: Yes No Appraisal License #: _____

Office Name: _____

Office Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Residence Address: _____

City: _____ Zip: _____

Home Phone: _____ Fax: _____ E-Mail: _____

Mailing address if different: _____

City: _____ Zip: _____

Cell Phone: _____ Preferred Mailing: Home Office

Preferred Phone: Home Cell Office Preferred Fax: Home Office

Are you presently a member of any other Association of REALTORS®? Yes No
If yes, name of Association and type of membership held: _____ (Provide a letter of good standing)

Have you previously held membership in any other Association of REALTORS®? Yes No
If yes, name of Association and type of membership held: _____

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three (3) years or are there any such complaints pending? Yes No Do you have a record of a recent or pending bankruptcy? Yes No (If yes, attach details.)

If you are now or have been a REALTOR®, indicate your NAR membership (NRDS) #: _____
and last date (year) of completion of NAR's Code of Ethics training requirement: _____.

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 Board, I shall pay the fees and dues, as established. **NOTE:** Payments to the Central Arizona Association of REALTORS®, Inc. are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state and 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. This 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.

Dated: _____ Signature: _____

Optional Information:

Date of Birth: _____

Specialty: Residential Commercial Resort International Other: _____

How long with current real estate firm? _____ Previous real estate firm (if applicable): _____

Number of years engaged in the real estate or your specific area of business: _____

Why did you choose real estate (or appraising) for your profession? _____

What factors led you to the decision to join the Central Arizona Association of REALTORS®, Inc. _____

Tell us a couple things you would like the Board to know about you. _____

Are you involved in the community in any way – service clubs, committee participation, etc.? _____

Would you be interested in serving on a Committee or the Board of Directors? Yes No

If yes, what are your interests? _____

Are you a principal, partner, corporate officer or branch office manager? Yes No

If YES, you must also complete the 3rd page of this application.

DESIGNATED BROKER/BRANCH MANAGER APPLICATION FOR REALTOR® MEMBERSHIP

Company information: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

Your position: Principal Partner Corporate Officer Branch Office Manager

Have you ever been refused membership in any other Association of REALTORS®? Yes No
If yes, state the basis for each such refusal and detail the circumstances related thereto:

Is the Office Address, as stated, your principal place of business? Yes No
If not, or if you have any branch offices, please indicate and give address:

Do you hold, or have you ever held, a real estate license in any other state? Yes No
If so, where:

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

Have you or you 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. If yes, provide details:

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No refunds. Initial here.

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Dated: _____

Signature: _____