

APPLICATION FOR MEMBERSHIP

I hereby apply for membership with the **Metropolitan Consolidated Association of REALTORS® (MCAR)** and enclose my payment in the amount of \$ _____.

- (1) Applicant agrees as a condition to Membership to thoroughly familiarize himself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, the Constitutions, Bylaws, and Rules and Regulations of the Association, the State and National Associations, and if elected a Member, will abide by the Constitutions and Bylaws and Rules and Regulations of the Association, State and National Associations, and if a REALTOR® Member, will abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS® including the obligation to arbitrate controversies arising out of real estate transactions as specified by Article 17 of the Code of Ethics, and as further specified in the Code of Ethics and Arbitration Manual of the NATIONAL ASSOCIATION OF REALTORS®, as from time to time amended, and
- (2) Applicant consents that the Association, through its Member Services Committee or otherwise, may invite and receive information and comment about applicant from any Member or other persons, and that applicant agrees that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character. The applicant shall, with the form of application, have access to a copy of the Bylaws, Constitution, Rules and Regulations, and Code of Ethics referred to above.

PLEASE PRINT

NAME, as shown on license: _____
(Ms, Miss, Mrs., or Mr.) Last First Middle

NAME, as you want it to appear on roster: _____

I am applying as a: Designated REALTOR® REALTOR® Appraiser

This application is for: (**Check one**) Primary Membership Secondary Membership

NAME OF FIRM: _____

FIRM ADDRESS: _____
Address & Street Name City ST Zip

OFFICE PHONE: (____) _____ **OFFICE FAX:** (____) _____
The above firm address is the Main Office Branch Office

HOME ADDRESS: _____
Street City ST Zip

HOME PHONE: (____) _____ **CELL PHONE:** (____) _____

EMAIL ADDRESS (Please Print): _____

LICENSE ID # 650 Sales License Associate Broker Broker

BROKER/OFFICE ID # 6505

IMPORTANT:

Are you currently or have you recently been a member of any other real estate Board or Association?

If yes: Name of Association: _____ From: _____ To: _____

Have you been refused membership in another real estate Board/Association? Yes No

If yes, give details: _____

Has your license been suspended or revoked in this or another state? Yes No
If yes, specify the place(s) and date(s) of such action, and detail the circumstances which relate to this action: _____

Have you been convicted of a felony? Yes No
If yes, give details: _____

Do you have any violations of (1) civil rights laws; (2) real estate license laws; (3) or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities, and (4) findings of violations of the REALTORS® Code of Ethics resulting in suspension or expulsion from any member Board/Association in which you are or were a member? Yes No
If yes, please give explanation: _____

PERSONAL DATA

Real Estate Designations (i.e.: GRI, CRS, CRB) _____

First licensed in this state: _____

I have been affiliated with my current firm since: (MM/DD/YYYY) _____

My previous firm was: _____

I was affiliated there from: _____ to _____

I am employed or engaged in the following other business(s): _____

Social Security # (last 4 only) 000-00- _____ Birthdate: ____/____/____0000

I hereby certify that the following 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 understand that if I do not successfully complete the Association Orientation Course within 60 days from the date first scheduled for me, a portion of my dues will be retained by the Association as an administrative charge and I will no longer be considered an applicant for membership. I further understand that I shall be required to reapply as a new member applicant, pay normal application fees, and complete all new member requirements in accordance with the Association Bylaws. I agree that if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. I understand that failure to comply with these requirements may result in a fine or any other disciplinary action as prescribed by the Board of Directors.

I understand that Association dues are non-refundable after my membership has been approved. However, if I withdraw my application at any time prior to approval by the Board of Directors, that \$25.00 will be retained with the remainder of the dues being refunded.

Date: _____ Applicant's Signature: _____

Principal REALTOR® Signature: _____

A copy of your wall license or pocket card and payment must accompany this application.
If you are a Broker, check which MLS you require: REALCOMP II Ltd MIRealSource

Please make check or money order payable to MCAR, or use your VISA/MC/AE/Discover:

_____ Exp ____/____/____ Signature _____

You may fax your application if payment is on a credit card.