

Application for REALTOR® Membership

Revised 2010/15

TO: MONTGOMERY COUNTY ASSOCIATION OF REALTORS®, INC.

I hereby apply for Primary REALTOR® / Secondary REALTOR® / Designated REALTOR® membership in the above named Association, and enclose acceptable form of payment in the amount of \$ _____, which I understand will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition of membership, to complete the orientation course of the above named Association and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitutions, Bylaws, and Rules and Regulations, and duty to arbitrate. I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate as applicable. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

- | | |
|--|--|
| <input type="checkbox"/> NEW Agent | <input type="checkbox"/> Board/Association Transfer / NRDS ID# _____ |
| <input type="checkbox"/> Reinstating from Escrow or Referral | <input type="checkbox"/> Previously Held MCAR Membership |
| <input type="checkbox"/> Primary Membership | <input type="checkbox"/> Secondary Membership / _____
<i>(Name of Association where primary membership is held)</i> |

SECTION I

APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)

First Name _____ MI _____ Last Name _____ Generation _____ Nickname _____ Male / Female

Name of Office Affiliation: _____

Office Address: _____
Street Address City State Zip

Office Telephone: _____ *Extension:* _____ *Office Fax:* _____

Office E-mail: _____ *Office Web Address:* _____

Home Address: _____
Street Address City State Zip

Home Telephone: _____ Cell Phone: _____ Personal Fax: _____

Personal E-mail: _____ Personal Web Address: _____

Birth Date: _____ Real Estate License # : _____
(New Agents must submit a copy of license with application)

NOTE: Applicant acknowledges that the Association will maintain a membership file of information which may be shared with other Boards/Associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the Association.

NOTE: Applicant further acknowledges that if accepted as a member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

ASSOCIATION/BOARD DATA

TO BE COMPLETED BY THOSE APPLICANTS TRANSFERRING FROM ANOTHER ASSOCIATION/BOARD, OR SECONDARY MEMBERSHIP APPLICANTS

- YES NO Are you CURRENTLY a member of another Board or Association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS®, or HAVE YOU HELD membership in another Board or Association within the past four (4) years?

If "Yes", list each Association(s)/Board(s) where membership was held, type of membership held, and approximate dates of membership:

- YES NO Did you have any unsatisfied debts (to include unpaid arbitration awards) or disciplinary action against you?

- YES NO Have you taken a **NEW MEMBER ORIENTATION** Course? If "Yes", date: _____. (Please provide documentation of such for MCAR waiver)

- YES NO Have you ever been **REFUSED/EXPELLED** from membership by any other REALTOR® Association/Board?

If "Yes", state basis for each such refusal and/or expulsion, and detail the circumstances related thereto: (Attach additional sheet(s) as needed).

- YES NO Have you attended mandatory NAR Code of Ethics training within the past four (4) years?

Please indicate date and location of last Code of Ethics training completed:

Date _____ Location _____

- YES NO Do you have any pending ethics complaints (or Hearings) and/or pending Requests for Arbitration?

If "Yes", please detail: _____

- YES NO Do you have record of violation of the Code of Ethics or other membership duties within the past three (3) years?

If "Yes", please detail: _____

- YES NO Do you have an active SUPRA or Sentrilock Lease Agreement or any other outstanding obligation with another Board/Association?

If "Yes", please detail: _____

NOTE: It is the policy of the Montgomery County Association of REALTORS® to send a membership verification form to any other Association/Board of previous membership.

PERSONAL DATA — TO BE COMPLETED BY ALL APPLICANTS

PREFERENCES:

PREFERRED MEDIA: E-mail Postal Mail Fax

PREFERRED MAILING ADDRESS: Office Home

PREFERRED TELEPHONE: Office Home Cell Other _____

PREFERRED FAX NUMBER: Office Personal Other _____

SPECIAL INTEREST:

PLEASE INDICATE YOUR AREA[S] OF EXPERTISE AND/OR SPECIAL INTEREST:

- Finance Fundraising Communications Dispute Resolution Technology
 Education / Training Marketing / Public Relations Meetings / Conventions Other _____

PLEASE INDICATE ANY LANGUAGES YOU ARE FLUENT IN: (Check all that apply)

- English Chinese French German Hebrew
 Italian Japanese Korean Polish Russian
 Spanish Vietnamese American Sign Language Other[s] _____

VOLUNTARY INFORMATION

Information supplied in this box is not required but will assist the Association in establishing statistical data regarding its members. Information furnished herein will not be used in evaluating an applicant's qualifications for membership. The Association encourages persons of all racial and ethnic groups, both sexes, with and without disabilities, and individuals otherwise protected from discrimination by the Fair Housing Act, to participate at all levels within the REALTOR® Association.

- AFRICAN-AMERICAN / BLACK (not of Hispanic origin) AMERICAN INDIAN OR ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER
 CAUCASIAN / WHITE (not of Hispanic origin) Hispanic PLEASE INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED: _____

PROFESSIONAL DATA — TO BE COMPLETED BY ALL APPLICANTS

LICENSE TYPE (COPY OF LICENSE REQUIRED): Salesperson Broker Appraiser Other (specify) _____

REAL ESTATE SPECIALTY:

- Residential Commercial Property Management Resort International
 Appraisal Other: _____

First licensed in Pennsylvania on _____, _____, and continuously licensed since _____, _____.

YES NO Do you hold, or have you ever held, a real estate license in any other state?

If "Yes", name of state: _____ License #: _____ Year: _____

YES NO Has your real estate license, in this or any other state, ever been suspended or revoked?
If Yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto: (Attach separate sheet if necessary.)

YES NO Are there now any pending or unresolved complaints, or have there been within the past three (3) years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government?
If "Yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint: (Attach separate sheet if necessary.)

YES NO Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any recent or pending bankruptcy or insolvency proceeding or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years?
If "Yes", specify the place(s) and date(s) of such action, and detail the circumstances relating thereto: (Attach separate sheet if necessary.)

YES NO Have you ever 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", give details including state and court of conviction: (Attach separate sheet if necessary.)

YES NO Are you now employed or engaged in any other business or profession?

(Position and Location)

SECTION II

TO BE COMPLETED BY APPLICANTS WHO ARE DESIGNATED BROKERS/BRANCH MANAGERS

This section must be completed by applicants for REALTOR® Membership, whether Primary or Secondary, who are **DESIGNATED BROKERS** or **BRANCH OFFICE MANAGERS** (i.e. individuals in positions of management control on behalf of individuals who are not physically present and engaged in the real estate profession).

COMPANY INFORMATION: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)
 Other, specify _____

YOUR POSITION: Principal Partner Corporate Officer Majority Shareholder Branch Office Manager

NAMES OF OTHER PARTNERS/OFFICERS OF YOUR FIRM:

(Name) (Title)

(Name) (Title)

**INDICATE THE NAME OF THE RESPONSIBLE MEMBER (DR/DESIGNATED REALTOR®) _____

****PLEASE ATTACH A LIST OF ALL LICENSEES IN YOUR OFFICE AND INDICATE REALTOR® VS. NON - MEMBER LICENSEE STATUS****

YES NO Is the office address, as stated in **SECTION I**, your principal place of business? (If "No", please indicate address):

****PLEASE PROVIDE A COPY OF THE SREC OFFICE INSPECTION APPROVAL****

Established in present location since _____, _____. Last previous location _____

List the names and addresses of all other branch offices:

(Name/Address) (Name/Address)

(Name/Address) (Name/Address)

AUTHORIZATION – TO BE SIGNED BY ALL APPLICANTS

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 Association, I will pay the fees and dues as from time to time established.

NOTE: *Payments to the Montgomery County Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense – please consult your tax advisor. Dues payments are non-refundable.*

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any, may contact me at the specified addresses, telephone numbers, fax numbers, e-mail addresses 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.

Signature: _____

Date: _____

PLEASE FORWARD COMPLETED APPLICATION, SUPPORT DOCUMENTATION AND APPROPRIATE PAYMENT TO:

MCAR, 470 Norristown Road, Suite 300, Blue Bell, PA 19422
260.9931 Fax: 610.260.9951 www.mcarealtors.org

PAYMENT INFORMATION:

Check Payable to MCAR Visa MasterCard American Express

Amount \$ _____ Account # _____ Exp. Date: _____

Thank You!