



MID CAROLINA REGIONAL ASSOCIATION OF REALTORS®

140 Turner Street, Southern Pines, NC 28387

910-692-8988 Membership@MCRAR.com Accounting@mcrar.com

Application for Designated REALTOR® Membership

I hereby apply for REALTOR® Membership in the Mid Carolina Regional Association of REALTORS® (MCRAOR). I agree to abide by the National Association of REALTORS® (NAR) Code of Ethics, which includes the duty to arbitrate, and the MCRAOR and State Association Constitution, Bylaws and Rules and Regulations. I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations, if required.

I understand membership brings certain privileges and obligations that require compliance and my membership may be revoked if I do not complete the requirements within the timeframe established in the MCRAOR Bylaws. I further understand that as a continued condition of membership, I will be required to complete periodic Code of Ethics training as specified in the MCRAOR Bylaws.

I acknowledge that if accepted as a member of MCRAOR and I subsequently resign, or otherwise cause my membership to terminate, with an ethics complaint pending, the Board of Directors may condition renewal of my membership upon my certification that I will submit to the pending ethics proceeding and will abide by the decision of the Hearing Panel. If I resign, or otherwise cause my membership to terminate, the duty to arbitrate continues in effect even after my membership lapses or is terminated, provided the dispute arose while I was a REALTOR®.

Applicant Name: _____ Real Estate License #: _____

Licensed/Certified Appraiser: [] Yes [] No Appraisal License #: _____

Office Name: _____

Office Address (City, State, ZIP Code): _____

Office Phone: _____ Fax: _____ E-Mail: _____

Residence Address (Include Zip): _____

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

Cell Phone #: _____ Cell Phone Carrier: _____ Preferred Phone: [] Home [] Office [] Cell

Preferred Mailing: [] Home [] Office (Most MCRAOR information is sent via e-mail.)

Are you presently, or were you previously a member of any other Association of REALTORS®? [] Yes [] No

If yes, name of Association and type of membership held: _____

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

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

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 If yes, provide details as an attachment.

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. I further agree that I shall pay the fees and dues as from time to time established. No refunds shall be granted. NOTE: Payments to the Mid Carolina Regional Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, text, 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 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: _____

Designated REALTOR® Signature: _____ Date: _____

Please attach a copy of your license to this application.

(Optional Information): Date of Birth: _____ How long with current real estate firm? _____

Previous real estate firm (if applicable): _____ Number of years engaged in the real estate business: _____



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Application for Designated REALTOR® Membership for Designated Brokers/Branch Managers

Company Information: [] Sole Proprietor [] Partnership [] Corporation [] LLC (Limited Liability Company)

Your Position: [] Principal [] Partner [] Corporate Officer [] Branch Office Manager

Names of other Partners/Officers of your Firm: _____

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 (3) years? [] Yes [] No

If yes, provide details: _____

Have your or your firm been convicted, adjudged or otherwise recorded as guilty by a final judgement of any court of competent jurisdiction of a felony or other crime? [] Yes [] No

If yes, provide details: _____

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 from time to time established. No refunds shall be granted.

NOTE: Payments to the Mid Carolina Regional Association of REALTORS® are not deductible as charitable contributions. Such payments may, however be deductible as an ordinary and necessary business expense.

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

Signature: _____ Date: _____

To be completed by MCRAOR

Date Application Received: _____ Application Fee/Dues Paid [] Yes [] No MLS Participant [] Yes [] No
[] FlexMLS [] NRDS NRDS #: _____ [] Supra eKey Serial #: _____
Date attended Orientation: _____ New Member Code of Ethics Training: _____