



# MID CAROLINA REGIONAL ASSOCIATION OF REALTORS®

140 Turner Street, Southern Pines, NC 28387

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

## Application for 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, if required, 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 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 (Include 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.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Designated REALTOR® Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

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: \_\_\_\_\_