



APPLICATION FOR REALTOR® MEMBERSHIP

To the Greeley Area REALTOR® Association, I hereby apply for REALTOR® membership in the above named Association and am enclosing my check in the amount of \$\_\_\_\_\_ for a one time application fee and \$\_\_\_\_\_ \* for my dues payable to the Greeley Area REALTOR® Association. 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 orientation, not be completed within the time frame established in the Association's Bylaws. 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.

\* Amount shown is prorated according to month joining.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the board or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant's certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ Social Security #: \_\_\_XXX\_\_\_/\_\_\_/\_\_\_

Real Estate License #: \_\_\_\_\_ (Option Information): Date of Birth: \_\_\_/\_\_\_/\_\_\_XX\_\_\_

Licensed/Certified Appraiser:  Yes  No Appraisal License # \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

NAR Preferred Mailing:  Home  Office NAR Preferred Phone:  Office  Preferred  Alternate

Are you presently a member of any other Association of REALTORS®?  Yes  No

If yes, Name of Association and type of membership held: \_\_\_\_\_

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 (If yes, provide details as an attachment).

If you are now or have ever been a REALTOR®, indicate your NAR Membership # (NRDS): \_\_\_\_\_

Office NRDS Number: \_\_\_\_\_

And the last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

Are you a principal, partner, corporate office or branch office manager?  Yes  No. If yes, you must also complete 2nd page of this application.

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 shall pay the fees and dues as from time to time established. NOTE: Payments to the Greeley Area REALTOR® Association 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, national) and their subsidiaries, if any (e.g., MLS, Foundation), may contact me at the specified address, telephone numbers, fax numbers, e-mail 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: \_\_\_\_\_

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FOR DESIGNATED BROKERS/BRANCH MANAGERS

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

Your Position:  Principal  Partner  Corporate Office  Branch Office Manager

Names of other Partners/Officers of this 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 years?  Yes  No

If yes, provide details: \_\_\_\_\_

Have you or your 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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Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY:

MEMBERSHIP COMMITTEE APPROVAL:

Date: \_\_\_\_\_

Executive Vice President

**ADDENDUM TO APPLICATION FOR REALTOR® MEMBERSHIP**

To: Membership Committee, Greeley Area REALTOR® Association

1. I, \_\_\_\_\_ an applicant for  
(print name)  
membership in the Greeley Area REALTOR® Association, understand that within 180 days (6 months) of today's date, I am required to complete:
  - a) The six hour Colorado Association of REALTORS® *GRI Ethics and Professional Practice* course\* at \$80.
  - b) The Greeley Area REALTOR® Association *Orientation* \*\* at no charge.
  - c) Induction as a REALTOR® member.
2. In the event I have not successfully completed the above two courses within 180 days of this date, I understand my membership will be terminated. To reinstate, I understand I must attend the next scheduled classes and pay a \$145 reinstatement fee.
3. I understand the schedule of classes is attached herewith and I assume all responsibility to arrange attendance.
4. I understand I must register for these classes at least seven days prior to the class with the appropriate fees paid.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*The *Ethics and Professional Practices* course can be taken at any Board or Association in the State of Colorado.

\*\*The *Orientation* class must be completed at the Greeley Area REALTOR® Association Office.