



**VALLEY ASSOCIATION OF REALTORS®, INC.**

50 Olivia Street, Derby, CT 06418

**APPLICATION FOR REALTOR® MEMBERSHIP**

Phone: 203.735.7815 Fax: 203.735.7816 E-mail: info@varct.com Website: [www.varct.com](http://www.varct.com)

To the Valley Association REALTORS®, Inc., I hereby apply for REALTOR® Membership in the above named Association and am enclosing payment in the amount of \$\_\_\_\_\_ for my \_\_\_\_\_ dues payable to the Valley Association of REALTORS®, Inc.

My dues will be returned to me in the event of non-election.

\*Amount show is prorated according to month joining. I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ NRDS#: \_\_\_\_\_

License type (*copy of license is required with application*):  Broker  Salesperson  Appraiser

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

Office Address: \_\_\_\_\_

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

Residence Address: \_\_\_\_\_

Additional Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Web Site Address: <http://> \_\_\_\_\_

Preferred Mailing:  Home  Office  Addl. Address

Preferred Phone:  Home  Office  Cell

Preferred Fax:  Home  Office

Preferred Email:  Business  Personal

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 three months of Board of Directors approval as 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.

**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®.

**FOR ASSOCIATION USE ONLY**

- |                                 |                           |
|---------------------------------|---------------------------|
| ____ License                    | ____ CTMLS/MLXChange      |
| ____ Applicant signature        | ____ CMLS/Matrix          |
| ____ DR signature               | ____ VAR Email/CC         |
| ____ Dues Waiver/Primary Assoc. | ____ Orientation Letter   |
| ____ NRDS #                     | ____ Attended Orientation |
| ____ Website                    | ____ Excel                |
| ____ NAR/Ethics                 | ____ Labels               |
| ____ Dues Recorded              |                           |

1. Are you presently a member of any other Association of REALTORS®? \_\_\_\_\_

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

2. Have you previously held membership in any other Association of REALTORS®? \_\_\_\_\_

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

3. Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any such complaints pending? \_\_\_\_\_ (If yes, provide details as an attachment.)

4. Last date (year) of completion of NAR's Code of Ethics training requirement: \_\_\_\_\_

5. Have you 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:  
\_\_\_\_\_  
\_\_\_\_\_

**If you are a principal, partner, or corporate officer you must complete the Designated REALTOR**

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. **NOTE:** Payments to the Valley Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. Dues are non-refundable.

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: \_\_\_\_\_ Dated: \_\_\_\_\_

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

Specialty:  Residential  Commercial  Resort  International  Other: \_\_\_\_\_

How long with current real estate firm? \_\_\_\_\_ Previous real estate firm (if applicable): \_\_\_\_\_

Number of years engaged in the real estate business: \_\_\_\_\_

(Optional Information): Date of Birth: MO \_\_\_\_\_ DAY \_\_\_\_\_

**Payment Type(please indicate):**

Check for \$ \_\_\_\_\_ payable to VAR Check #: \_\_\_\_\_ Name on Check: \_\_\_\_\_

Credit Card Type of Card\*  MasterCard  Visa

Credit Card Number\*: \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_

Name on Credit Card\*: \_\_\_\_\_

Credit Card Billing Address\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Payment Amount (\$) \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_