



VALLEY ASSOCIATION OF REALTORS®, INC.

50 Olivia Street, Derby, CT 06418

APPLICATION FOR DESIGNATED REALTOR® MEMBERSHIP

Phone: 203.735.7815 Fax: 203.735.7816 Email: info@varct.com Website: www.varct.com

To the Valley Association of REALTORS®, Inc., I hereby apply for Designated REALTOR® Membership in the above named Association and am enclosing payment in the amount of \$_____ for my 2019 dues payable to the Valley Association of REALTORS®, Inc.

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

*Amount due is prorated according to the 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: _____

Is the Office Address, as stated, your principal place of business? _____

If not, please provide address: _____

Office Phone: _____ Fax: _____ Business Email: _____

Additional Mailing Address: _____

Home Phone: _____ Fax: _____ Personal Email: _____

Cell Phone: _____ Website Address: _____

Preferred Mailing Home Office Adtl. 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, By-Laws 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, By-Laws, 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 the Board of Directors approval as established 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 terminate, provided the dispute arose while applicant was a REALTOR®.

FOR ASSOCIATION USE ONLY

- | | |
|---------------------------------------|----------------------------------|
| _____ License | _____ SmartMLS |
| _____ Applicant Signature | _____ VAR Email/Constant Contact |
| _____ DR Signature | _____ Orientation Letter |
| _____ Dues Waiver/Primary Association | _____ Attended Orientation |
| _____ NRDS # | _____ Excel |
| _____ Website | _____ Labels |
| _____ NAR/Ethics | |
| _____ 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 in an attachment)
4. Last date (year) of completion of NAR's CODE OF Ethics training requirement: _____
5. Company Information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)
6. Your Position: Principal Partner Corporate Officer Branch Office Manager
7. Names and Positions of other Partners/Officers of your firm: _____
8. Have you ever Been refused membership in any other Association of REALTORS®? _____
If yes, state the basis for each such refusal and detail the circumstances related thereto: _____
9. Do you hold, or have you ever held, a real estate license in any other state? _____ if so, where? _____ License # _____
10. Have you or your firm been found in violation of real estate licensing regulations within the last three years? If yes, provide details: _____
11. Have you 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? 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 Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Valley Association of REALTORS®, Inc 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 and national) and their subsidiaries, if any (e.g. MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email addresses or other means of communications 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 and I am waiving to receive all communications as part of my membership.

Signature: _____ Date: _____

Designated REALTOR®'s Signature: _____ Date: _____

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: _____

Date of Birth (Optional) Month _____ Day _____

Payment Options:	
<input type="checkbox"/> Check for \$ _____ payable to: VAR Check # _____ Name on Check _____	
Credit Card information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number _____	Code (3 or 4 digits) _____
Expiration Date: _____	Name on Credit Card _____
Complete Billing address for card: _____	
Total payment amount \$ _____	
Signature _____	Date _____