



**JCAR APPLICATION FOR REALTOR®/APPRAISER MEMBERSHIP**

918 NC Hwy. 42 West  
Clayton, NC 27520  
Tel: 919-550.0252

Email: bwhite@jcar.realtor Website: www.jcar.realtor



To the Johnston County Association of REALTORS®, I hereby apply for 2019 REALTOR® Membership in the above named Board and I am enclosing my payment for Sept 2019 in the amount of **\$186.68.00** and a onetime application fee of **\$250.00** for my 2019 dues payable to JCAR for a total of **\$436.68**. This is pro-rated monthly only for new agents who have not been a member in the last 18 months. **Application Fees and Dues are not refundable**. I will attend orientation within **90 days** of Association’s confirmation of provisional membership. I will attend my membership induction within 2 opportunities. Failure to meet this requirement may result in having my membership terminated which will result in MLS access suspended. In the event of my election, I agree to complete a mandatory orientation program on the Code of Ethics within 90 days of application, to abide by the Code of Ethics of the National Association of REALTORS®, which include the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above named Board, 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, including, but not limited to proper use of the term “REALTOR® and the REALTOR® logo. 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 timeframe established in the Associations’ bylaws. I understand that I will be required to complete periodic Code of Ethics training in addition to the initial orientation program within specified 2-year cycles as a continued condition of membership.

I understand that if I am elected to membership, I will be required to take the following pledge:

*In becoming a REALTOR® I pledge myself to protect the individual right of real estate ownership and to widen the opportunity to enjoy it; To be honorable and honest in all dealings; To see to better represent my clients by building my knowledge and competence; To act fairly towards all in the spirit of the Golden Rule; To serve well my community, and through it my country; To observe the REALTORS® Code of Ethics and conform my conduct to its lofty ideals.*

*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 proceedings 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®.*

Amount shown is prorated according to month joining. Annual REALTOR® dues for the current year includes membership in the North Carolina and National Associations of REALTORS®, but does NOT include membership in the Board’s MLS, which requires payment of a separate fee)

**FOR OFFICE USE ONLY**

Name: _____
Date Received: _____
NRDS#: _____
___ RE Lic Copy
___ LOGS
___ CC
___ FB
___ NM Orientation
___ COE Online
___ Induction
IND Date: _____
Date Filed: _____

I hereby submit the following information for your consideration:

NAME (to be filled in exactly as name appears on real estate or appraisal license):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email Address: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

Website Address: \_\_\_\_\_

Licensed/certified appraiser:  Yes  No Appraisal License #: \_\_\_\_\_

NOTE: Copy of real estate or appraisal license must be attached to this application.

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

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

Office Phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Personal fax: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred Publication Mailing:  Home  Office Street  Office Mail Alternate  Member Mail Alternate

Preferred Phone:  Home  Office  Cell

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) #: \_\_\_\_\_

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 if yes, you must also complete 2<sup>nd</sup> 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 Board, I shall pay the fees and dues as from time to time established. NOTE: Payments to the Johnston County Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. In the event I fail to maintain eligibility for membership, or discontinue membership, I understand I will not be entitled to a refund of dues and fees for any reason.

By signing below I consent that the REALTOR® Association (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.

I further acknowledge and understand that the Board may object to my use of any company name or Website name which, in the Board's sole determination, is confusingly similar to any name used in commerce by the Board or the Board's MLS and that the Board believes would leave the public confused.

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

The undersigned Broker-in Charge hereby acknowledges that the applicant is affiliated with the firm.

Dated: \_\_\_\_\_ Broker-in-Charge Signature: \_\_\_\_\_

IF APPLICANT IS A DESIGNATED BROKER/BROKER-IN-CHARGE, YOU MUST ALSO COMPLETE PART 2 OF THIS APPLICATION

Company information:  Sole Proprietor  Partnership  Corporation  LLC (Limited Liability Company)  
 Other, specify: \_\_\_\_\_

Your position:  Principal  Partner  Corporate Officer  Majority Shareholder  Branch Office Manager

Names of other Partners/Officers of your firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I understand that in accordance with the dues formula of the National Association of REALTORS®, the firm's Designated REALTOR® will be assessed an annual fee for each actively-licensed real estate broker or appraiser employed by or affiliated with the firm who is not a REALTOR® Member of this or any other board of REALTORS® in this or a contiguous state.

Dated: \_\_\_\_\_ Broker-in-Charge Applicant Signature: \_\_\_\_\_