



JCAR APPLICATION FOR REALTOR®/APPRAISER MEMBERSHIP



918 US Hwy 42 W
Clayton, NC, 27520

Tel: 919.550.0252 Email: membership.jcar@gmail.com Website: www.jcar.realtor

To the Johnston County Association of REALTORS®, I hereby apply for Secondary REALTOR® Membership in the above-named Board and am enclosing my payment for JCAR Secondary dues. Annual Secondary REALTOR® dues for the current year are prorated monthly. Please visit www.jcar.realtor for breakdown (this includes membership in the Johnston County Association of REALTORS®, but does NOT include membership in the Board's MLS, which requires payment of a separate fee).

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 If Yes, Appraisal License # _____

Note: Please Attach a copy of your Real Estate License and Appraisal License (if applicable)

Office Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

Preferred Publication Mailing: Home Office

Preferred Phone: Home Office Other: _____

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

If yes, name of Association and type of membership held: _____

If yes, what is your NRDS #: _____

If a Primary member of any other Association of REALTORS®, a letter of good standing must accompany this application.

Have you previously held membership with your *Current Real Estate License* in any other Association of REALTORS®?

Yes No

If yes, name of Association and type of membership held: _____

If Yes, what was your NRDS #: _____

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 page 2 & 3 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.

Date: _____ Applicant Signature: _____

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

Date: _____ 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:

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.

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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: _____

NOTE: Please allow for 1-2 business days to process your application and letter of good standing. All payments are processed Online through PayPal.

2021 Secondary Dues Breakdown:

JCAR Secondary: \$140 +25 Application Fee (App fee not prorated)											
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
\$140.00	\$128.37	\$116.70	\$104.94	\$93.28	\$81.69	\$70.02	\$58.30	\$46.68	\$33.01	\$23.32	\$11.67

FOR OFFICE USE ONLY

Applicant Name: _____

Date Received: _____

NRDS #: _____

_____ Invoiced

_____ Payment Received

_____ AMS

_____ CC

_____ LOGS

_____ NM Orientation

_____ COE Date