

APPLICATION FOR REALTOR® MEMBERSHIP



Western Pinal Association of REALTORS®

820 W. Cottonwood Lane, Suite 9, Casa Grande, Arizona 85122

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To the Western Pinal Association of REALTORS®,

I hereby apply for REALTOR® membership and am enclosing my check for my dues payable to the Western Pinal Association of REALTORS®. I understand that my dues will be returned to me only in the event of non-election. With membership 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 Western Pinal Association of REALTORS®, the Arizona Association of REALTORS® and the National Association of REALTORS®. I understand that 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 90 days of this application.

I understand that I will be required to complete the periodic Code of Ethics training as specified in the association's bylaws as a continued condition of membership.

Name: _____ Real estate license # _____

Please print clearly

Office Name _____

Office Address _____ City _____ Zipcode _____

Office Phone _____ Fax _____ Office e-mail _____

Your e-mail address _____ your website _____

Home address _____ City _____ Zipcode _____

Home phone _____ Cell phone _____ Birth date _____

If you are applying for a REALTOR® Appraiser membership please supply your appraisal license number _____

- Are you presently a member of another Association? ____no ____yes. If yes, name of the Association _____
- Have you ever held membership in any other Association of REALTORS® ____no ____yes _____name?
- 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? ____no ____yes. If yes, please attach 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 Western Pinal Association of REALTORS® I shall pay the fees and dues as from time to time established. Payments to the Western Pinal Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, the majority of the dues shall 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, 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 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 _____ Date _____

Designated broker signature _____ Date _____

(Must have broker's signature)

Note: Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the Association 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®

If paying by credit card, please enter card # here _____ expiration date _____

For office use only: Orientation by _____ MLS # _____ NRDS# _____