



APPLICATION FOR REALTOR® MEMBERSHIP

I hereby apply for REALTOR® Membership in the Chesapeake Bay & Rivers Association of REALTORS® (CBRAR), enclosing payment for my REALTOR® dues* and application fees. I understand that my dues will be returned to me in the event of non-election and that the application fee is nonrefundable. I will attend an orientation program to include course topics as approved by the CBRAR BOD within 180 days of application for membership. Failure to meet this requirement may result in having my membership terminated. 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 (or to mediate if required by the association) 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 timeframe 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. I also consent that the association, through its membership committee or otherwise, may invite and receive information and comment about me from any member or other persons, and that any information and comment furnished to the association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character.

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®.

* Dues are prorated according to month joining unless membership was held the previous year. I hereby submit the following information for your consideration:

| PERSONAL INFORMATION: | | | | | |
|-------------------------------------|--|---------------------|---|------|--|
| First Name | | Middle Name | | | |
| Last Name | | Suffix | <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc. | | |
| Nickname (DBA): | | | | | |
| Home Address: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone: | | Cell Phone: | | | |
| Personal Fax: | | | | | |
| E-mail Address: | | Date of Birth: | | | |
| Real Estate License # and Exp. Date | | | | | |
| Licensed/Certified Appraiser: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Appraisal License # | | | |

COMPANY INFORMATION:

| | | | |
|---|---|------|--|
| Office Name: | | | |
| Office Address: | | | |
| Office Phone: | | Fax: | |
| Company Type: | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC (Limited Liability Company) <input type="checkbox"/> Other, specify | | |
| Your position: | <input type="checkbox"/> Principal <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Majority Shareholder <input type="checkbox"/> Branch Office Manager <input type="checkbox"/> Non-principal Licensee <input type="checkbox"/> Other | | |
| Names of other Partners/Officers/ of your firm: | | | |
| | | | |
| | | | |

PREFERRED MAILING/CONTACT INFORMATION:

| | | | |
|--|---|---|---|
| Initial Password for Association Site (if applicable): | | | |
| Preferred Phone: | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> Cell |
| Preferred E-mail: | <input type="checkbox"/> Primary E-mail | <input type="checkbox"/> Secondary E-mail | |
| Preferred Mailing: | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate |
| Mail Publications to: | <input type="checkbox"/> Home | <input type="checkbox"/> Office | <input type="checkbox"/> Office Mail Alternate <input type="checkbox"/> Member Mail Alternate |
| Office Mailing Alternate: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| | | | |
| Member Mailing Alternate: | | | |
| Address: | | | |
| City: | | State: | Zip: |

APPLICANT INFORMATION:

| | | |
|---|------------------------------|-----------------------------|
| Are you presently a member of any other Association of REALTORS®? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, name of Association | | |
| Type of membership held: | | |
| | | |
| Have you previously held membership in any other Association of REALTORS®? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, name of Association | | |
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | |
|--|----------|--------|------|--|
| (If yes, provide details.) | | | | |
| | | | | |
| If you are now or have ever been a REALTOR®, indicate your NAR membership (NRDS) # | | | | |
| | | | | |
| Last date (year) of completion of NAR's Code of Ethics training requirement: | | | | |
| | | | | |
| Have you ever been refused membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, state the basis for each such refusal and detail the circumstances related thereto: | | | | |
| | | | | |
| | | | | |
| Is the Office Address, as stated, your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If not, or if you have any branch offices, please indicate and give address: | Address: | | | |
| | City: | State: | Zip: | |
| | | | | |
| Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If so, where: | | | | |
| | | | | |
| Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, provide details: | | | | |
| | | | | |
| | | | | |
| Have you or your firm been convicted of a felony or other crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the **Chesapeake Bay & Rivers Association of REALTORS®** (CBRAR) are not deductible as charitable contributions. A portion of such payments may, however, be deductible as an ordinary and necessary business expense. No refunds shall be given for any reason.

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.

Dated: _____ Signature: _____

**CONTACT CBRAR ASSOCIATION OFFICE AT 804-776-0568 FOR
MEMBERSHIP FEES.**

PLEASE MAKE CHECKS PAYABLE TO: CBRAR

MAIL CHECKS OR BRING CHECK TO:

**CHESAPEAKE BAY & RIVERS ASSOCIATION OF REALTORS
10880 General Puller Highway, Suite E
Hartfield, Virginia 23071
Phone: 804-776-0568 Fax: 804-776-0270
Email: cbrarmls@cbrar.com
Website: www.cbrar.org**

CHESAPEAKE BAY & RIVERS ASSOCIATION OF REALTORS

10880 General Puller Highway, Suite E

Hartfield, Virginia 23071

Phone: 804-776-0568 Fax: 804-776-0270

Email: cbrarms@cbrar.com

Website: www.cbrar.org

New Member Orientation Registration Form

Please bring your Virginia Real Estate License number with you to class.

Class time and location:

9:00 a.m. - 5:00 p.m. at the CBRAR Board Office in Hartfield, VA

Please register me for the following CBRAR New Member Orientation Course:

REMINDER: You must complete the course within 180 days of application for membership!!

Contact CBRAR Association Office for New Member Orientation Dates

804-776-0568

(Form must be completed and returned with Application)

Name: _____

Firm: _____

Contact email address: _____

Contact Phone # _____

Signature: _____

Signature indicates acceptance of cancellation policy listed above. Please return this registration form with your application for membership to the Chesapeake Bay & Rivers Association of REALTORS®.