



APPLICATION FOR REALTOR® MEMBERSHIP
PUEBLO ASSOCIATION OF REALTORS® INC.

Mail: 2220 Kachina Dr. Pueblo Co 81008
Email: Mindyz@parmls.org

Phone: (719) 545-3666 Fax: (719)545-3668
Website: http://www.par-mls.org

I, \_\_\_\_\_, hereby apply for membership as
\_\_\_\_\_ Designated REALTOR® (sole proprietor, partner, or corporate officer of real estate or appraisal firm)
\_\_\_\_\_ REALTOR® (licensed real estate agent or broker, or licensed appraiser)
\_\_\_\_\_ Secondary REALTOR®(primary membership with another Board/Association)

To the Pueblo Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Board and am enclosing my check in the amount of \$ 250.00 for a one time application fee and \$ \_\_\_\_\_\* for my 2016 Dues payable to [Pueblo Association of REALTORS®]. My application fee and 2016 dues will be returned to me in the event of non-election. 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, 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. 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.

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 terminated, provided the dispute arose while applicant was a REALTOR®.

- \* Call PAR Office for Dues and Fees.
\* Please submit a copy of your Driver's License or Photo ID.

I hereby submit the following information for your consideration: PLEASE PRINT

Ms. \_\_\_ Mrs. \_\_\_
Miss \_\_\_ Mr. \_\_\_ Name: \_\_\_\_\_

Real Estate License #: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred Mailing: [ ] Home [ ] Office Preferred Phone: [ ] Home [ ] Office

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 3<sup>rd</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 Pueblo Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, 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 (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: \_\_\_\_\_

(Optional Information): Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

APPLICATION FOR REALTOR® MEMBERSHIP: PAGE 3 FOR DESIGNATED BROKERS/BRANCH MANAGERS

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:

\_\_\_\_\_

Have you ever been refused membership in any other Association of REALTORS®? [  ] Yes [  ] 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? [  ] Yes [  ] No

If not, or if you have any branch offices, please indicate and give address:

\_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state? [  ] Yes [  ] No

If so, where:

\_\_\_\_\_

Have you or your firm been found in violation of state real estate licensing regulations within the last three years? If yes, provide details:

\_\_\_\_\_

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment 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 Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the [Name] Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, 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 (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: \_\_\_\_\_

Pueblo Association of REALTORS® Inc.  
MEMBERSHIP APPLICATION ADDENDUM

**REQUIRED CLASSES FOR NEW REALTOR® MEMBERS**

By signing below, you acknowledge that you understand the following requirements for membership in the Pueblo Association Of REALTORS®, Inc. These requirements must be met within 1 year from the day you join. If requirements are not met, you will have to reapply for membership and pay the Application Fee again. Failure to meet all requirements may result in non qualification for Rookie of the Year Award. **\*Note: Previous affiliations with other Associations does NOT fulfill requirement**

**Ethics & Professional Practices** – This is a four (4) hour class covering the National Association of REALTORS® Code of Ethics and the practical application of the Code. The Code of Ethics is one of the things that distinguish a REALTOR® from a real estate licensee and violations of the code are subject to hearings and possible disciplinary action. The class costs \$80 and includes six hours of continuing education credit. It is also the required class for the GRI (Graduate REALTOR® Institute) designation. The class may be taken at PAR or any other association/board. Please be careful to not confuse this class with the four hour Ethics Review class or CREC Update class also, the Appraisal Ethics does not count.

**New Member Orientation** – This is a six (6) hour class covering the benefits of membership in PAR, the Colorado Association of REALTORS® and the National Association of REALTORS®. There is also a Navica Training Class, and a Fair Housing segment. There is no additional charge for the class. It must be taken at PAR.

**I have received and understand Rookie of the Year info.**

I understand and agree to the above requirements.

By: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR ASSOCIATION USE ONLY**

Date Application Received: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_

Dues Amt: Received: \_\_\_\_\_

MLS Participant Fee: \_\_\_\_\_

Monthly MLS Fee Received: \_\_\_\_\_

**Education:**

Ethics Course Attended: \_\_\_\_\_

Orientation Course Attended: \_\_\_\_\_

Ethics Tracking: \_\_\_\_\_

CREC Tracking: \_\_\_\_\_

NM Spreadsheet \_\_\_\_\_

**QuickBooks:** Date Entered: \_\_\_\_\_

E-Processing: \_\_\_\_\_

Approved By BOD: \_\_\_\_\_

Date Of Induction: \_\_\_\_\_

Reinstatement Date: \_\_\_\_\_

Drop Date: \_\_\_\_\_

Entered in Navica: \_\_\_\_\_

Entered in NAR: \_\_\_\_\_

Supra Key or D-Key: \_\_\_\_\_

Supra D-Key Deposit Amt: \_\_\_\_\_

Member Roster \_\_\_\_\_

Create File/Label \_\_\_\_\_

Email: \_\_\_\_\_

Date Entered in Monthly Billing: \_\_\_\_\_

Print Sales Rec: \_\_\_\_\_