



Membership Application

(Please type or print; complete all applicable spaces)

Title: Mr. Mrs. Ms. .

Name: (as it appears on your RE license) _____

Nickname: _____ Cell Phone: _____

Firm: _____

Firm Phone: _____ Firm Fax: _____

Firm Address: _____

Firm Principal/Managing Broker: _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Preferred Fax: Home Firm Preferred Mail: Home Firm

Preferred Phone: Home Firm Cell

Email Address: _____ Web Page: _____

Lic. #: _____ Lic. Exp. Date: ___/___/___ Lic. Type: _____

Have you ever been a member of a REALTOR® Association? Yes No

(If Yes; please list Associations: _____)

Do you currently have pending ethics violations filed against you? Yes No

Have you been involved in any pending bankruptcy or insolvency proceedings or adjudged bankrupt in the past three (3) years? Yes No

SCAR standing and specialty committees. Please indicate which ones you are interested in:

- Education Advocacy Consumer Outreach Legal Compliance Membership
- Bylaws and Rules & Regulations Technology Financial Solvency RPAC Chair

Please Indicate Your Specialties:

- Appraisal Land Sales Commercial Sales/Leasing Property Management Development
- Residential Sales (existing homes) Farm & Estates Residential Sales (new construction)

I hereby apply for: **Primary / Secondary** REALTOR® membership in the South Central Association of REALTORS®. Enclosed is my check in the amount of \$ _____ which is to be returned to me in the event of non-election.

***Please contact the SCAR office prior to submitting your application for the exact amount owed. You may be applying in the middle of a billing cycle, which some dues and/or fees will then be pro-rated. There is a one time application fee of \$150. MLS system dues are invoiced quarterly at \$125 each quarter. The SCAR annual primary or secondary association dues are \$100. Payment can be made by credit/debit card once the application is received at the SCAR office.**

If you are applying for secondary membership, a letter of Good Standing from your primary association must be provided at the time this application is submitted to SCAR.

If my application is approved and as a condition of membership, I agree to complete the New Member Orientation (NMO) of the South Central Association of REALTORS®, if any, and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the NAR and the Constitution, Bylaws and Rules and Regulations of the above named association, the State Association and the National Association.

I agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Code of Ethics, Bylaws, Rules and Regulations of the association and duty to arbitrate, all as from time to time is amended.

Finally, I authorize the South Central Association of REALTORS®, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such inquiry shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or, if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition the renewal on his/her payment of the award, plus any costs that have previously been established as fee and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

I confirm that I have read and understand this application and that all the information provided is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: ____/____/____

Signature of Broker: _____ Date: ____/____/____

Date Received by SCAR: ____/____/____ Processed by: _____

NRDS ID #: _____

South Central Association of REALTORS® uses Supra ActiveKEY and Supra Lockboxes. Please visit our office at 201 N. Main Street, Suite 1104, Farmville, to obtain a new or replacement key and/or lockbox.



PLEASE RETURN THIS APPLICATION AND ANY APPLICABLE FORMS, ALONG WITH YOUR PAYMENT TO THE ADDRESS OR EMAIL BELOW. THANK YOU AND WELCOME TO THE ASSOCIATION!

South Central Association of REALTORS®
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