



**APPLICATION FOR REALTOR® MEMBERSHIP**

To the Hopkinsville Christian & Todd County Association of REALTORS®, I hereby apply for REALTOR® Membership in the above named Association and am enclosing my check in the amount of \$550 for a one time application fee payable to Hopkinsville Christian & Todd County Association of REALTORS® (yearly dues are prorated to the month you are approved for membership, you will be billed for them at that time). My application fee will be returned to me only in the event that I am not accepted to Membership. In the event my application is approved, 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 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 suspended 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 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®.*

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_ KY Real Estate License #: \_\_\_\_\_

Check Membership Type:  Designated REALTOR®  REALTOR®

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

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Page address: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Preferred Phone:  Cell  Home  Office

Preferred Mailing:  Home  Office Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# (last 4 digits): \_\_\_\_\_

Have you been or are you currently a member of any other real estate association?  Yes  No

If yes, name of Association, type of membership held and the time period for which membership has been held: \_\_\_\_\_

**Page 2 - Application for REALTOR® Membership**

If yes, we require a letter stating that you are in good standing with the Association.

If yes, do you know your NRDS (National Realtor Data System) number? \_\_\_\_\_

If yes, what is the last date of completion of NAR’s Code of Ethics training requirement? \_\_\_\_\_

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.)

Do you speak a second language? If yes, please indicate which language(s) you speak.

I hereby certify that the foregoing information furnished is true and correct, and I agree that the failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my Membership.

I understand that by providing my email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the Hopkinsville Christian & Todd County Association of REALTORS®, The Kentucky Association of REALTORS®, and the National Association of REALTORS® via email, telephone, or facsimile at those number/locations.

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

**\*Please Note: Application Fees/Dues are Non-Refundable**

**OFFICE USE ONLY**

Application Form & Fee pd	___/___/___	ck#	Board of Directors Action	___/___/___	
MLS Application Form & Fee	___/___/___	ck#	Notified/Billed prorated dues	___/___/___	Board
Notifies Membership Committee	___/___/___	ck#	NAR Prorated Dues \$	___/___/___	ck#
Notified Membership	___/___/___		KAR Prorated Dues \$	___/___/___	ck#
Orientation Course Completed	___/___/___		Installed into Membership	___/___/___	
Membership Committee Action	___/___/___				

**ADDENDUM TO MEMBERSHIP APPLICATION**

I, \_\_\_\_\_ hereby understand and agree that the Hopkinsville Christian & Todd County Association of REALTORS® is offering me “provisional” membership thereby allowing me to utilize the Board services and its MLS. Membership is pending approval by the Board of Directors and upon my attending one of the net two offered New Member Orientation programs and completing the New Members Code of Ethics training within one year of membership.

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